VS A15 (4) 15M 10/57

1		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12200

	7000	D .	CERTII	FICA	E OF DEAT	Н		Reg. Di	st. No	١.	
	a Arundel		MARYI		o. STATE Marylan	_	d lived. If instituti b. COUNTY Anne			ore admissio	m)
b. CITY OR TOWN (III RURAL and give no Arnold		ils, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I		orote limits, write R	URAL ond	give ne	arest fown)	
d. NAME OF HOSPIT. OR INSTITUTION Pines-on-th	At (If not in hospitol, one Severn F		address)	1	d. STREET ADDRESS Pines-on-t		ern Rd.			e. IS RESII	FARM?
3. NAME OF DECEASED (Type or print)		rsl	Middle L An	derto	Lost	4. DATE OF DEATH	Mon		De		9 60
s. sex	6. COLOR OR RACE	WIDOWE	-		otober 5.	1910	9. AGE (in years last birthday) 50 yrs.	IF UNDER Months	Doys	Hours	24 HR Min.
Og. USUAL OCCUPATION during most of work Baker 3. FATHER'S NAME	ON (Give kind of work ing life, even if retired)	KIND OF BUSINESS OF		Annapol	is. Md.		12. CIT		OF WHAT	OUNT
John WAS DECEASED EVER	Anderton R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		Amada Lo Drmant		bbA	ress			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO my, which mediate		ne for (o), (b), and (c).]	rena	y Occl	lessio		1-2-12-12-12-12-12-12-12-12-12-12-12-12-	O ZZZ	ERVAL BET SET AND J	WEEN SEATH
PART II. OTH		1	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFOR	MED?
20c. TIME OF INJURY	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. In	Not while	20e. PLACI	Enter nature of injury in E OF INJURY (Home, for y, street, office bldg., a	rm. 20f. (Cih		(0	County)		(Stol
	ot I attended the 12/10 Rolland RICHAR	decease		death a	, 1960, 1a ccurred at b. (21 (M, frai	IFDRAC	nd on th		te state	
20. BURIAL, CREMATION REMOVAL (Specify) B1271 a 1 3. FUNERAL DIRECTOR'S	12-16-	CO	22c. NAME OF CEME Cedar Bluf ADDRESS		etery			rvlen		(State)	
opping Fund	4 DAMEN	A	amalda Ma	. 7		DEC 1 9 '1	00	L. a 8			

II STOMPAN - HEAVING IVEN TAYED BLATE ON THE HYART TO STADRIDGE ... IT SENT 873 † ' r = ' = ' ter ter - In the state of entirely comment of the new order TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after death. Page 4 may be retained, the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please-remote carbon papers. Pages 1 and 2 filled be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

				DIV	ÆΝ
4	1)	13	43		
1		:5	.7	13	
	-		12	","	

1	o. COUNTY Anno Anundol MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY & D. COUNTY	
	Aillie AluiMer		Arundel
1	b. CITY OR TOWN (If autside corporate limits, write RYAL and give nearest town) HUNDFOLIS	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION (Dead on arrival) Anne Arundel General Hospital	R 45 D 743	e, IS RESIDENCE ON A FARM? YES NO
3	NAME OF First Middle	Losi 4. DATE Month	Day Year
L	(Type or print) William FRANKLIN	ARMIGER SR DEATH December	28 1960
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (10 years IF UNDER	YEAR IF UNDER 24 HRS.
_	M WIDOWED DIVORCED	14/AY 3U, 107/ 6 J yrs.	Doys Hours Min.
1	DEUTER & BRICKLAYER CONSTRUCTION		U.S. A.
1	JOHN W. ARMIGER	LAURA M. KING	
	(as no or unknown) (16 yes, give wor or dotes of service) 202-05-1048 C	HARLES E. ARMIGER Address	2
F	18. CAUSE OF DEATH [Enter only one couse per line far-fo), (b), and (c).]	0 0	INTERVAL BETWEEN
l	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1 Occusion	CHSET AND DEATH
	Condition if any which		9 ms
	gove rise to immediate couse (o), stating the under: lying couse last.		
10000	, (6)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
		70 TO 10 TO	YES NO D
- Constitution		ED, (Enter nature of injury in Part I or Port II of item 18.)	
1000	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P Hour a.m., While Not while at work of work	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Coctory, street, office bldg., etc.)	county) (Stote)
1		July 11 ,59 , 12-28-60	About IIV to all form
ı	21. I certify that (I) (this hospitel) attended the deceased fram,	1112	, that (1) (440) last
1	saw the deceased alive an 1 4 4 5 19 , and that	death accurred of 1_67-M, from the causes and on the	date stated above.
	U. Celly	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	12/29/6
	NAME (Type) A. T. Allen	62 Cathedral St., Annapolis,	Md.
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d 19 CATION (City, lown, or county)	(State)
I	34RIAL 12-31-60 St. MARYS	CEMT. HUNAPOLIS	Mo.
2	hy M. Toy Too Sous Churopolis,)	DATE DATE 250. REGISTRAR 256, REGISTRAR'S SIC	
-			

E THE THE T TAY TO A PEN LE GET the terminal and without an eller of the property of the prope Shirt I shirt the said and the state of the same of the

TO DEPUTY CHAIR EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executorine certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the tuneral motor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained it four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours affect death.

VS. A15ME 5M 7/59

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13381

	PLACE OF DEATH				8.	SUAL RESIDE	ENCE (Where				sidence before	edmission)
V	Arne Aru	ndel		MARYLANI		state		1000	b. COUN	my inore	1	
	b. CITY OR TOWN (if write RURAL and o	outside corporete limi	ts,	c. LENGTH OF STAY IN 1		CITY OR TOW	N (If outside o				give nearest t	own)
1	Linthicum			Few second	e	Haletho	פתייר	03	12	-2		
			if not fn hos	pilel, give street address)	1.700	STREET ADDRE		0 000				RESIDENCE
Er	oute 8				5	512 Will	lve Avo				1	N A FARM?
Sheller	NAME OF	First		Middle	11 1	Last	4. DAT		Month		Day Y	90r
		thony Vinc					OF	TH De	cemb	er 13	1	9 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE	OF BIRTH			(In years inhdey)	IF UNDER 1 Y		ER 24 HRS.
	M	W	WIDOWE	DIVORCED	8/	10/31		26	Yrs.	Months D	ays Hours	Min.
100	on USUAL OCCUPATIO	N (Give kind of work	10b. KI	NO OF BUSINESS OR INDU	STRY IT.	BIRTHPLACE (SI	ele or foreign	country)		12. CITIZ	EN OF WHAT	COUNTRY?
0.		's aide at		inchouse	T	ittsburg	Dama			1703 B		
13,	FATHER'S NAME	as all the state	4- 	THEIRING		OTHER'S MAID	EN NAME	1.			1	•
	373 -1 7	Dele			4.66	^	In	Ku	100	~/		
	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17	INFOR	MANT	-		Address	**		
(A.	es, no, or unkown) (Ify	es give werordetes of s		m =/ /===			,	- 4				
-	1 18. CAUSE OF DE	ATH lEnter only one		7-26-6333 ne for (e), (b), and (c),	Mrs	A.V.Dah	or (wi	fo)			I INTERVAL E	ETWEEN
		WAS CAUSED BY	couse per ti	10 10 (0) (0), 100 (1)							ONSET AND	
	IN .	MEDIATE CAUSE (e)	- Fra	cture of sla	111, f	recture	of lef	't fen	ur		Sadd	en -
	812	DUE TO										
	Conditions, if any,	(4)					***					
	(e), steting the unc	DOLL TO										
	cause fest.) (c)										
Z	PART II. OTHER S	IGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TER	MINAL DISEA	SE CONDIT	TION GIV	EN IN PART 1		
1 Š											YES T	FORMED?
CERTIFICATION	20a. EXTERNAL CAU		Db. DESCRI	BE HOW INJURY OCCURED	, (Entar ne	ture of injury in	Pert I or Pert I	of ilam 18	.)		1	
8	PRIMARY A or CON				TV L	den		24 2.		Alberta m	. 1 3 . 7 .	
N. A.	20c. TIME OF INJURY	/_ Month, Dev. Ye	S IIX	ing tire of	PLACE OF	NJURY (Home, I	ferm, 20f. (City or low	n)	(Count		(Stelle)
MEDICAL	Hour esma 4		While	Not While	ectory, stre	at, office bldg.,	atc.)					
AZ	p.m.	19	el work	Track Page 1	oute			nthic				Hd.
1	-	_		ains described above,		4	Inspection	Limited		James	and in my	opinion
	death resulted fro	om: Natural ca	uses,	Accident J. S	uicide _	, Homicia		Undetern	nined m	anner		
	13	+ 1	1/2	1. 2.11.		CHIEF MEDICA	AL EXAMINER					
	ACTUAL SIGNATURE	island 1	Mai	rher Mil	M.D	ASSISTANT M	AEDICAL EXAM	AINER	12	2/12/60	DATE S	IGNED
	EXAMINER'S					DEPUTY MEDI	CAL EXAMINE	R				
	NAME (Type)	Gustave N	Paul	ert.M.D.		Address (Street	at, city, town,	or county)	Gle	n Durr	nie,118.	
220	REMOVAL (Specific)	Scc 17-	60	22c. NAME OF GEMETERY	UNO	Centre	228./100	e le	ily, 10/4/	or country	sorbly	und und
23	. FUNERAL DIRECTOR	161	1/2	ADDRESS A	A	Tar Ho. K	REC'D BY REGI		46. REG	ISTRAR'S SIG		
	Heman	7 7 1-	mi	Lely / Ke	mus	DATE	DEC 1 6	'60	d	britum S.	Trace	

THE PROPERTY OF THE PROPERTY O NUMBER OF STREET

arthur S. Kross

'61

TO HOSPITAL OF VR A15 (4) 15M 9/59

mortuary

Anna, md

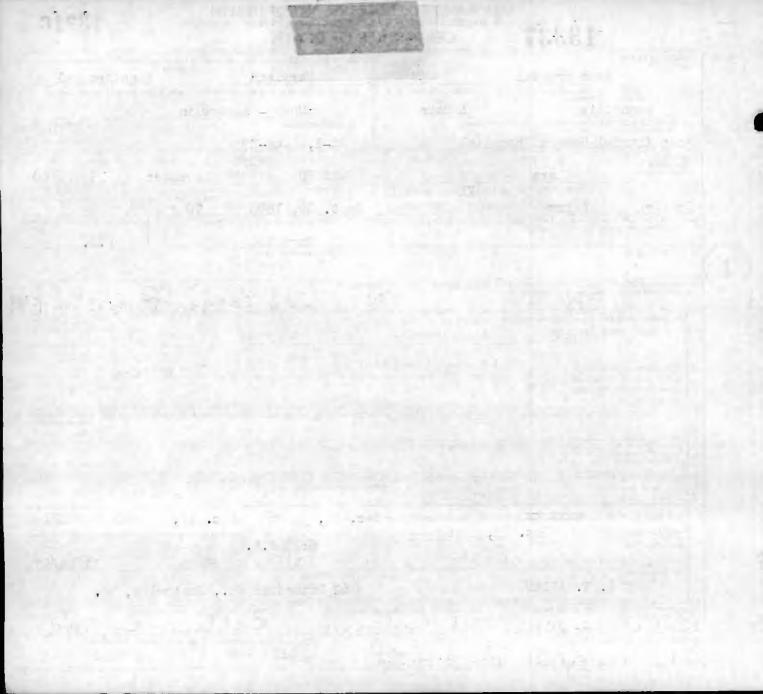
	1000	36	CEKIIFIC	CAIL	OF DEATI		`				
1. PLACE OF DEATH o. COUNTY	Anne Arunde	1	MARYLA	ND 2	usual residence (V	Where deceased	d lived. If institution b. COUNTY	on: Residen	ce befor	e odmissi re C:	on)
RURAL and give r	(If outside corporate limi nearest lawn) msville		mos, 17 d	ay:	c. CITY OR TOWN (I		rate limits, write R		give near	,	
d. NAME OF HOSPI	TAL (If not in haspital, s rille State	ive street address	3		d. STREET ADDRESS 845 Pier	ce Stre	et				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Anni	st . e	Middle		Barnes	4. DATE OF DEATH	12	ith	30		°60
Female	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		1890?		9. AGE (In years last bidby) yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min.
during reast of we	ON (Give kind of work rking life, even if retired	done 10b. KIND (OF BUSINESS OR I	NDUSTR'	11. BIRTHPLACE (Sto Unknown		ountry)	12. CITI	U.S.		OUNTRY
13. FATHER'S NAME Unk	nown				MOTHER'S MAIDEN						
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervine)	L SECURITY NO.	17. INFO	RMANT Spital Rec	ords	Add	ress			
Conditions, if a gave rise to cause (o), stating lying cause last.	the under-	Chroni tensiv	ic Brain ve Cardio	vasc	rome associular Diseas	S C				PERFO	AUTOPSY
0	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)			URRED. (Enter nature of injury i	in Part I or Par	I II of item 18.)			120 []	NO M
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While N	OCCURRED 20 Not while t work	factor	OF INJURY (Home, for y, street, office bldg., o		or town)		County)		(State
saw the decec	at (I) (this haspitansed alive an 12			am	th occurred at		the causes an	, 19			we) last abave
220. SIGNATURE	Meur	ull.		M.C		MED. DIRECTOR		12/30	/196	0 226	SIGNED
22c. PHYSICIAN'S NAME (Type)	L. Benedic	t, M.D.	/		22d. ADDRESS Crownsvi	lle Sta	te Hospi	tal,	Mary	land	
23a. BURIAL, CREMATI REMOVAL (Specify		1 1	MAME OF CEMETE	RY OR C	rematory nd	23d. LOCA	TION (City, town,	or county)		(State	3)
24, FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		2Sa. RE	C'D BY REGIST	TRAR 256, REGI	STRAR'S SIG	SNATUR	E	

KHEEL Version of CONTRACT OF THE STATE OF STATE OF . . . wheth this became employe shed alread 0001105152 contract the period of the contract

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY Amme Arundel	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE		ed. If institution b. COUNTY	Anne Ari	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o				
3	d. NAME OF HOSPITAL (If not in hospitot, give street or institution Anne Arundel General Hosp	oddress)	d. STREET ADDRESS	x-29	OLIS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED	Middle	Lost	4. DATE	Month	Do	tend hand
	(Type or print) Clara		BARNES	DEATH	Decembe		
	5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9.		Months Days	Hours Min.
	Female Negre WIDOW	ED DIVORCED	Sept. 26, 10	890	70 yrs.	monnis odys	11001S Willi.
	10a. USUAL OCCUPATION (Give kind af wark done during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole		(ry)	12.CITIZEN O	F WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, IN	Farrison	Bar	Addre	Pt. 1842	9 ang.)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	nentrale	Fulmor Dress	ory,	Edan	ra on	ERVAL BETWEEN SET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS. 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	INAL DISEASE C	ONDITION GIVE	N IN PART T(a)	19. WAS AUTOPSY PERFORMED? YES NO
)		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II	of item 18.)		
	Hour a.m. While	1 1-	ACE OF INJURY (Home, farm stary, street, affice bldg., etc.	1. 20f. (City or	repol	(County)	(State)
Children and Children	21. I certify that (I) (INCLUSIONER) attends saw the deceased alive on Dec. 15 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) A. T. ALLEN	19.60 , and that d	M.D. PHYS. 22d. ADDRESS	M, from the	STAFF PHYS.		stated abave. 22b. DATE SIGNED 12/16/60
	230 AURIAL, GREMATION, 236, DATE THEREOF LEMOVAL (Spedis)	23c. NAME OF PEMETERY O			V(City, town, or		State)
	21. FONERAL BIRECTOR'S SIGNATURE LIVIAN ALESE, 1	ADDRESS Zama, Ma	250. REC'	D BY REGISTRAL	1	TRAR'S SIGNATURE &	
	J						



3	1	-
Page 4	director.	200
er death.	funerol	
haurs aft	yd at b	2 (
within 24	etely filled	200
executed	nd comple	
ficate be	ysician	The State
eath certi	anding ph	thin 72 h
hat the d	y the off	A TOTAL
law requires that the death certificate be executed within 24 haurs after death. Page 4	been signed by the attending physician and completely filled in by the attending physician and completely filled in by the attending physician and completely filled in by the standard director.	and in our areas within 70 hours offer Marks. Logar, our and within
WD	been	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13353 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

				CERT	IFICA	IL OF	DEAIL	1		Reg. D	ist. No.		
	ACE OF DEATH					2 USUAL RES	IDENCE (Wh	ere decease	lived. If institution	on: Reside	nce befo	re admiss	ion)
_	Anne Arun	de I		MAR	'LAND		Marvla	nd	b. COUNTY	Anne	Aru	nde l	
		autside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (IF o	utside corpo	rote limits, write R	URAL and	give nec	rest fowr	2)
A	nnapolls	diest town)					الله Herond	ale	X				
		AL (If not in hospital, g	ive street	address)		d. STREET)				FARM?
لكيا	NH, ANNAP	OLIS, MARYI	AND			1801 M	atrave	rs Ro	ad			YES _	NO 🔯
	AME OF ECEASED	Fir	\$t	Middle		lo	s1	4. DATE OF	Mon	th	Do	у	Yeor
	ype or print)	BILL		Alfred		Isado	re	DEATH		embe			1960
5. SE	X	6. COLOR OR RACE	7. MAR	RIED 🔀 NEVER MARR	ED 🔲	B. DATE OF BIRT	TH		9. AGE (In years lost birthdoy)	IF UNDE Months		Hours	R 24 HRS Min.
	ale	White	WIDOW			9-8-	417		67 yrs.		5071	110013	witt.
00	USUAL OCCUPATION during most of work	N (Give kind of work a	done 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHP	LACE (Stole	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	USN (Reti					_	Louisi	ana				USA	
13. F	ATHER'S NAME					14. MOTHER	S MAIDEN N	IAME	-				
	Abraham [ssac BILLII	NGS			EI	Izabet	h Ida	LANGLOIS				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 12	FORMANT			Adde	ess			
4100,		ww L and L	, ,		W	lfe - 1	801 Ma	trave	rs Road.	Hero	nda l	e. M	d.
Ti		TH [Enter anily one ca		ne for (a), (b), and (c)							INT	RVAL BE	TWEEN
	PART I DEA	TH WAS CAUSED BY:		Carcinoma	of	Luna					ONS	ET AND	DEATH
	1/3	DUE TO											
	Conditions, if or	w which I											
-1	gave rise to in	nmediate (DUE TO									-		
	Couse (a), stating the living couse lost.	ne <u>under-</u>											
۲		JER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	87 1(a) 1	9. WAS	AUTOPSY
ĕ											,-,	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING []	20b DES	CRIBE HOW INJURY C	CCURRED	(Enter noture	of injury in P	Port Lor Par	t II of item 18.1			11.3	NO [X]
E E	OR CONTRIBUTING	CAUSE OF DEATH		Cities (10 to 10 t	reconnes	(2.000							
		Y Month, Doy, Yes	ur 1204 I	NJURY OCCURRED	20e PL4	CE OF INJURY	(Home form	20f (City	or lowel		(County)		(Stote)
MEDICAL	Haur o.m.	10	While	Not while	foc	tary, street, affic	e bldg, etc.	.)	or iowin		(County)		(21016)
_ -	p. m.	17	1	k ol wark									
		ot I attended the				, 19	_, to]	2-25-	60 , 19	"thot I	last so	w the	deceased
H	olive on 12	-25-60	, 19_	, and that	death	occurred of	7:35A	M, fron	n the causes o	nd on	the da	te state	ed above
		DON.		·				ADDRESS (S	treet, city or lown,	stote)			ATE SIGNED
	ACTUAL SIGNATURE	°C /\U	ML	ALCONOMIC STREET, STRE		A D						12-	25-60
١,	PHYSICIAN'S _	J 1											
	NAME (Type) E	. C. KEENE					A.						
22°	BURIAL (EREMATION REMOVAL (Specify)	N. 226. DATE THEREC	3-60	THE MANNE OF CEN	METERY OF	CRIMATORY	Ley	22d DIOCA	UON (Gity, town, o	or opurly)		(Stot	e)
23 8	UNTERAL DIRECTOR		wfl	ADDRESS.	Bu	m m	240. REC'I	D BY REGIST		TRAR'S S			
	1411			- C - C			1 DATE						



FOR STATE HEALTH DEPT ctor. Page our files.

TO DEPUT:

A should be executed a certificate, writing the word "pending" in Fracil In Item 18. Give Pages 1, 2, and 3 to the funer.

A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or remove any event within 72 hours after death. of the same of the

V5. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

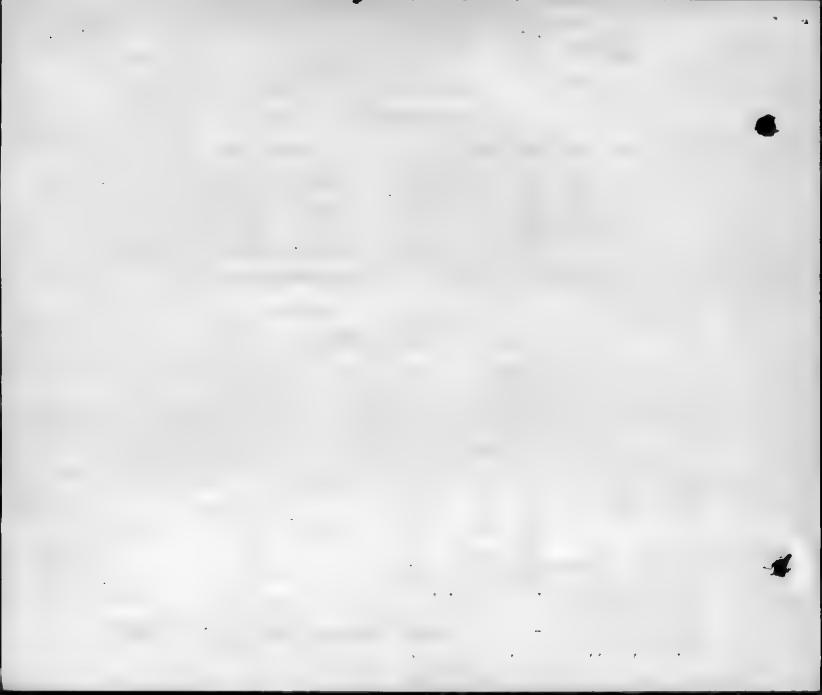
1338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission)
Anne Arundel Maryland	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporele limits, write RURAL end give neerest town) Thicum Tyear	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
"i .100''.	ON A FARM? YES NO.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) . mar 1 2 ns. a. I I fold dadd I	larch field DEATH 3. 1f. 20 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. last burthday) Months Days Hours Min.
WIDOWED DIVORCED	7/3/22 38 1/15.
10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
tationary Engineerat the Container Corp	14. MOTHER'S MAIDEN NAME
Tol 71 03 . 7 .7	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Iffert) www.prordelesofservice)	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Tarothy Llanderied (Wite) INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 35 r 32 ation (3 10)	Chieff this print
	and the country and the country and and
Conditions, If any, which (b)	
geve rise to immediate causa	
(e), stelling the underlying DUE TO	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e., 19). WAS AUTOPSY
OTA	PERFORMED?
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of Item 18.)
PRIMARY OF CONTRIBUTING	
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ace of INDURY (Home, form, 201, (City or town) (County) (State)
Mhile Not While	clory, street, office bldg., etc.)
	all a Autom D Location CO 1
21. I certify that I took charge of the remains described above, h	
death resulted from: Natural causes . Accident . Sui	cide Homicide Undetermined manner
ACTUAL GLASH NO CONTRACTOR	CHIEF MEDICAL EXAMINER 12/29// DATE SIGNED
SIGNATURE SIGNATURE	M.D.
NAME (Type)	DEPUTY MEDICAL EXAMINER
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Street, city, town, or county) Glen Litz (Stele)
	ational Cem. Baltimore, Maryland
23. FUNERAL DIRECTOR ADDRESS	240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Ave	e. JAN 3 '61 Onthur & Kines



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) ctor. Page our files. a. COUNTY Haalth, a. STATE **b.** COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outs'de corporale limits. c, CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Fort Meade Few seconds Jessups d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? certificate should be executed within 24 hours after death. If any detard "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Examiner's Office along with form PM3. Page 5 may be retained the used as a Banial-transit permit. File_pages 1 and 2 with the State. YES NO Fort Meade Hospital Route 3. NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) DEATH hours after GT.FINN A MARGARET BLAND December 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED Female. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? USA None Seattle, Washington File pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elbert Bland Lucile Buntting 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | [liyesgivewarordelesofservice] The parents No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interstitial pneumonitis DUE TO (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01, 19, WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word Medical NO Show is 20e. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. lease executa the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: PROB 3 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection Inquiry and in my opinion signated agent, Suicide . Undetermined manner death resulted from: Natural causes X Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [12/5/60 DEPUTY Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Seattle, Washington REMOVAL. <u>a</u> Evergreen Cemetery 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S S.GNATURE VS. A15ME - Thur & Frank Wm. Cook, Inc., 1217 St. Paul Street 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



	10000	OFKIII ICH		Reg. Dist, I	No.
٥	LACE OF DEATH L. COUNTY	MARYLAND	a. STATE Mcl.	b. COUNTY	2
Ь	c. CITY OR TOWN (If autside carporale limits, write RURA) and give nearest town? MOSPOCES MA	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give	nearest town)
(1. NAME OF HOSPITAL (Urbit in haspital, give street add OR INSTITUTION	ress)	1128 Tyler	ane	e. 15 RESIDENCE ON A FARM? YES NO
- 0	NAME OF First DECEASED Type or print) NAME OF First DECEASED.	Frances P	Boettcher DEATH	Manth / 2 −	Day Year 23 1960
ع _ر .5	Jennele Mute WIDOWED [DIVORCED	lug 16-1904	lost birthday) Months Do	
10a	duling most al working life, even if retired) Howe Wyge H	ome	Sandy Hook	Duntry) 12 CITIZE	S A
ر د_	Triffith H. Thom	asson	Sallie Lu	u 12 ing	
15. ³ (Yer.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL SECURITY NO. 17 INF	Earle Boe	ttcher C	(2)
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Mercan	- feetur		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)				
	couse (a), stating the <u>under-</u> lying couse last. (c)				
CATION	Part II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(c	PERFORMED? YES NO
Ö	206. ACCIDENT WAS UNDERLYING TO OBSCRIBE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED.	Enter nature of injury in Part I or Par	f II of item 18)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJU While of work	Not white factor	E OF INJURY (Hame, farm, 20f (City y, street, affice bldg , etc.)	or lawn) (Cour	ity) (State
	21. I certify that I attended the deceased	A.C.	1960, 10 be 25		
	alive on ACTUAL	, and that death o	ccurred at 11.55 M, from		date stated abov
	SIGNATURE PHYSICIAN'S	no del mi	. Resoful		12/-5/
229	PURIAL, CREMATION, 226 DATE THEREOF 22.	20 NAME OF CEMETERY OR C	REMATORY 22d. lock	TION (City, tawn, or county)	(State)
111	VINNUL 100 00 1100	Land I We	with works	- may water	1760

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, Page 4 funeral director, may be retained by the hospital or attending physician.

O FUNERAL IT CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaulo(be detached for use as the burial-transit primit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hougs—etter death. may be retained

VS A15 (4) 1SM 9/SS



mpletely filled in by pers. Pages 1 and 2 s after death.

10 HOSPITAL OR ETTENDING PHYSICIAN: The law requires that the death contificate be executed when the passive or attending physician.	TO FUNERAL DICCOR: After this certificate has been signed by the attending physicion and can obe 3 should be detached for use as the burial-transit permit. Then please remave carbon pop	the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours
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	COUNTY	Anne Arun	del	MARYLA	- 11	- CTATE	Maryla	are deceased lived	COLLETY		rundel	
	b CITY OR TOWN (If	autside carporate limi	ts, write	c. LENGTH OF STAY IN	115	c CITY OR T	OWN (If ou	utside carporate lir	nils, write RUI	RAL and give	nearest tawn)
	Annar			9 days		X I	RURAL	- Lothia	n			
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET A	DDRESS				IS RESI ON A	IDENCE FARM?
LY.	ne Arundel	L General H	lospi	tal		Brooks	swoods	Road			YES 🔼	NO [
3.	NAME OF	Fin	st	Middle		Last		4. DATE	Month	1	Day Y	Year
	(Type or print)	Ellen		NORA		BRAD	£	DEATH DE	cember	1	13 1	19 60
5.	SEX .	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	□ B. C	ATE OF BIRTH	1	9 AG			EAR IF UNDE	
F	'emale	White	WIDOWE	DIVORCED		Sept. 3	14, 18	383	77 yrs	Months Da	ys Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPL	ACE (State o	ar fareign country)		12. CITIZEN	OF WHAT C	OUNTR
	Housewif	ing life, even if retired) B	'	Tenent		Ma	rylai	nđ		U	. S	A .
13.	FATHER'S NAME		•		1	4. MOTHER'S	MAIDEN N	AME				
		Hooper				Unk	nown					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	RMANT			Addre	55		
fim	N o	in yes, give war or dailes or or	ar vice		I'rs	. Wal	lace	McKenz	ie-To	thian	, Md.	
_	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne far (a), (b), and (c).			ı			1.	INTERVAL BET	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	. 1.	Bemelin	bn	uno	men				ONSET AND	DEATH
	2600	DUE TO		4								
	conditions, if any, which) (b) Carellal vasurlar accident											
	gave rise to in	nmediate (,	10 5 1 1-								
	lying cause last.	ne under-	1	Destelles	n	ullu	us					
Z O	PART II OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART I	19. WAS A	AUTOPS
CATION											YES 🗌	_
TE	20g. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED (Enter nature at	f injury in P	art 1 or Part II of	item 18)			
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
Z.	20c. TIME OF INJUR	Manth, Day Yes				OF INJURY (I		20f. (City or to	vn)	(Cou	nty)	(Stal
MEDICA	Haur a.m.	19	While of war	Not while	ideldi	, sireer, dirice	biog., erc.	1				
	21 Learnify tha	/// //hischenguited	A attend	led the deceased fr	om a	LUI	109	Y, to Dec	12	1960	that (I) (s	antele
		ed alive on Dec		1 -								
	22a SIGNATURE	/ /	A GO I WANTED	- Proporting to	na, aca	0.5001100	3:55	A.M.	-00303 0110	dir nic d		b DATE
	5	wil He	Incl	em	M.D	ATTENDING	XX ME	D STA	AFF YS []		12/13	3 /60
	22c PHYSICIAN'S	7	- P - V -			22d, ADDRE	D. C. C. C.				~~/_A_	400
	NAME (Type)	Dr. Emily	7 H. 1	Wilson		Loti	nian,	Md.				
2 3c	BURIAL, CREMAT O	N. 235. DATE THEREC)F	23c NAME OF CEMET	ERY OR C	REMATORY		23d LOCATION (City, lawn, ar	county)	(State	e)
	REMOVAL (Specify)	12/17/0	0.0	Trinity	Como	tom		Unnon	Marl	horo	Md	
24.	FUNERAL DIRECTOR'S			ADDRESS	. Сеще	, u.e., j., y	25a REC'E	BY REGISTRAR	25b REGIST	RAR'S SIGNA	ATURE	
R	itchie B	ros. Fun!	1 H	ome-Marlbo	ro.	Md.	DATE D	EC 2 0 '60	Ca	Thun S. 1	Trace	
4	and on the way the think			and the same of th	3							



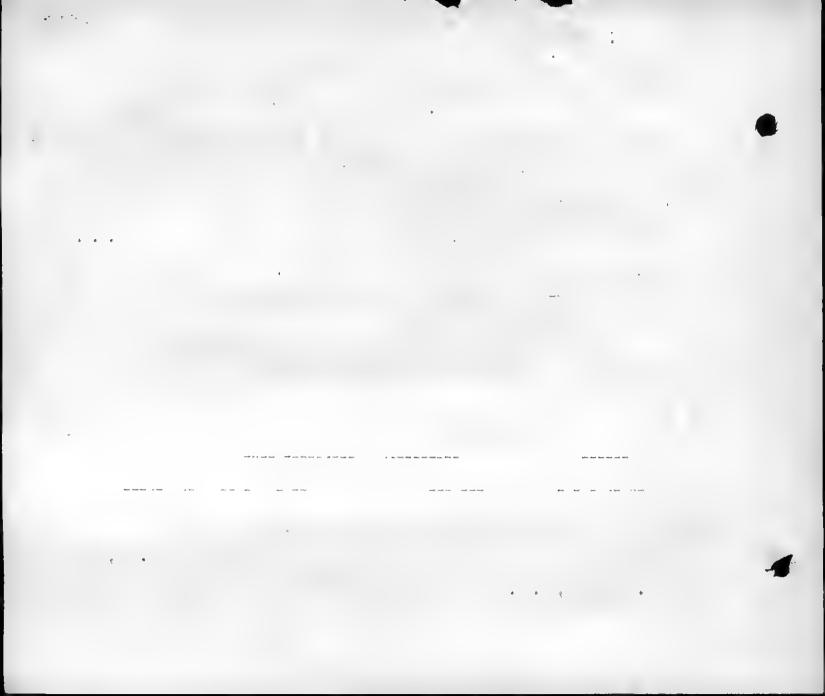
director, itsed with papers pup physician attending please ģ permit gned been si **burial-transit** ar attending physician this certificate has CTOR: TO FUNERAL DIME page 3 shi the State E



VR A1S (4) 1SM 9/59 đ.

		MARYLAN	D STATE	DEPARTA	MENT OF I	HEALTH
a	DIVISI	ON OF STATISTIC	AL RESEARC	H AND RECORD	OS - BALTIMO	ORE 1, MARYLANI
Ī	33X	5 (FRTIFIC	ATE OF	DEATH	

-													
1.	PLACE OF DEATH	nne Arundel		MARYLAN		o. STATE MA	ry1	Where decease and	d lived. If instituti b. COUNTY	Ral ti	e before ad	nission)	
	EURACTOWN	If outside corporate limi		Mos.22 d	- 11			f autside corpo	rote limits, write 9	URAL ond g	ive nearest t	own)	
	d. NAME OF HOSPI OR INSTITUTION CTOWNSVI	TAL (If not in hospitol, g	ive street oddress Iospital	5)		d. STREET AD 226		roeder	Street		OI	RESIDENCE N A FARM? NO	
	NAME OF DECEASED (Type or print)	Fir Th	addeus	Middle		Brice lost		4. DATE OF DEATH	12 ^{Mor}	ith	28	Year 19 60	
	sex Vale	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED	B	3/15/18	88		9 AGE (In years low Birthday) yrs.		1 YEAR IF UI Doys Hou	NDER 24 HRS.	
100	USUAL OCCUPATION during most of wor Laborer	ON (Give kind of work of king life, even if retired	1	of business or ii Unknown	NDUSTR			ote or foreign o			J.S.A.	AT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S A										
	Samuel Br					Sall		. * .					
15	WAS DECEASED EV	ER IN U. S. ARMED FOR	errice) 16. SOCIA	nown	HO	spital	Kec	ords	Add	ress			
NO	PART I. DEATH WAS CAUSED BY: Cardiac Failure DUE TO Chronic Brain Syndrome associated with Cerebral and Generalized Arteriosclerosis												
CATI	General Paresis										YES NO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? General Paresis 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO OR CONTRIBUTING TO CRUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)												
MED CAL	While of work of work												
	21 1 certify that (i) (this hospital) attended the deceased fram. 3/6/23, ta 12/28												
	<u> </u>	enedict, M.	D.				Vil		e Hospit				
	REMOVAL (Specify	12/27	100 1	NAME OF CEMETE	el t	en		1	TION (City, town	rti'	1000	Stote)	
24	FUNERAL DIRECTO	R'S SIGNATURE	1/2006	ADDRESS 13418	2 8.4			EC'D BY REGIS		ISTRAR'S SIC			



ALD. VS A15ME(S) 5M 9/55

220. BURIAL, CREMATION, MOVAL (Specify)

DATE SIGNED 22c/NAME OF CEMETERY OR CREMATORY 22d/tocation (City, town, or county) 24a. REC'D BY REGISTRAR Ab. REGISTRAR'S SIGNATURE DEC 2 3 '60 Chilmon S. Thousa

13324

e IS RESIDENCE

Yeor

IF UNDER 24 HRS.

Hours

INTERVAL RETWEEN

ONSET AND DEATH

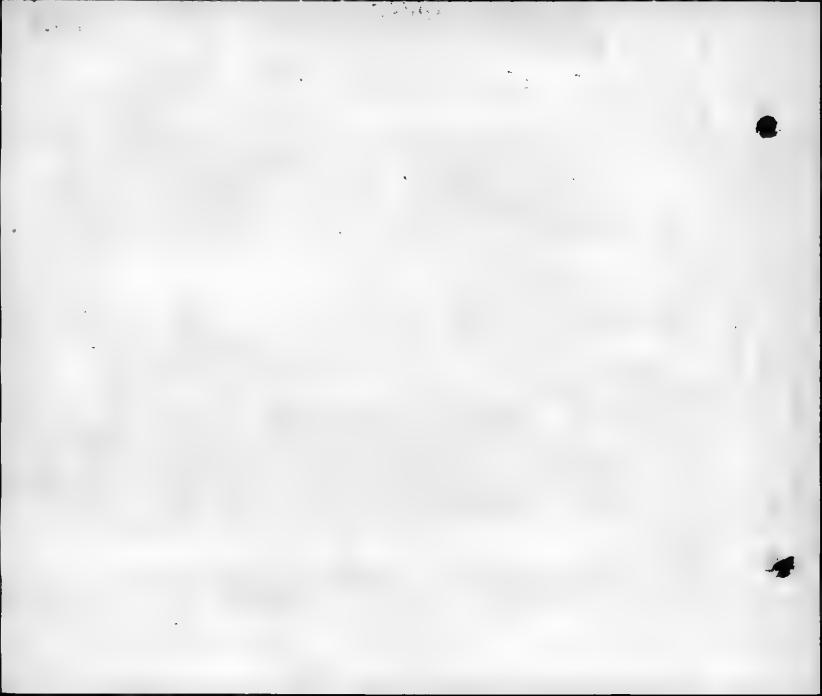
PERFORMED? NO F

(State)

Days

19 60

ON A FARM YES NO



any event, within 72 hours after death

prior to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12226

CERTIFICATE OF DEAT

	PLACE OF DEATH	ne Arundel			MARYL	AND	2. USUAL RESIDENCE o. STATHARY	e (Whe	ere decease			Residence imore		
	b CITY OR TOWN (IF RURAL and give nec Crownsv	rest town)	ls, wrîle	c. LENG	TH OF STAY II	ињ day:	c. CITY OR TOWN Baltimo	AL and give	ve nearest town)					
d NAME OF HOSPITAL (If not in hospitot, give street oddress, OR INSTITUTION Crownsville State Hospital							d. STREET ADDRE		ion S	Street			0	RESIDENCE IN A FARM?
3	NAME OF DECEASED {Type or print}	Fir Ha	rry		Middle		Chester		4. DATE OF DEATH		Month 12		Doy 6	Year 1960
5	Male	6. COLOR OR RACE Negro	7. MARI	_	DIVORCED		April 7,	18	96	9. AGE (In lost burth	doy) N		rear IF U	INDER 24 HR ours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTH during most of working life, even if retired)									or foreign	country)			J.S.A	AT COUNTRY
13.	FATHER'S NAME Tom C	hester					14. MOTHER'S MAIN		AME Frant					
	WAS DECEASED EVER	IN U. S. ARMED FOR			ECURITY NO.	17 IP	Hospital R	lecc	ords		Address			
	PART I. DEAT	TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (a	·	ne for (o)	_	ens	atory Heart	Di	sease	3				L BETWEEN
	Conditions, if on gove rise to in	mediate Dus To	Ну	perte	ensive	Car	diovascular	: Di	.sease	9				
	lying couse lost.	ne under-		teric	sclero	tic	Cardiovasc	ula	r Die	sease				

CERTIFICATION IIOO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) MEDICAL

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) o. m p. m. While Not while of work of work

21. I certify that (I) (this haspital) attended the deceased fram, Jan. 12 1945 to Dec. 6. 1960, that (I) (we) lost 6AM, from the couses and an the date stated above. saw the deceased alive on and that death occurred at, 22º SIGNATURE December 6, 1960

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

ATTENDING M.D. PHYSICIAN'S NAME (Type) Benedict, 22d. ADDRESS

Crownsville State Hospital, Maryland

STAFF PHYS

MED DIRECTOR-E

9

23c. NAME OF CEMETERY OR LOCATION (City, town, or county) 23a BURIAL, CREMATION, REMOVAL Specify) 22ADDRESS REGISTRAR 2So. REC'D BY

DAREC

13325

WAS AUTOPSY PERFORMED?

YES NO

(County)

(Stote)

VR A15 (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before adm salon) 1. PLACE OF DEATH a. COUNTY Page e. STATE **b.** COUNTY Anna Arundel Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR IOWN of outside corporate limits, c. LENGTH OF STAY IN 16 clor. write RURAL and give negrest town) Baltimore Annapolis

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? retained he State B Anne Arundel General Hospital YES NO Delaware Avenue NAME OF Middle Last 4. DATE Month Year DECEASED OF ihe i (Type or print) DEATH HOWARD COCKERELL December 12 19 with 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS .7. MARRIED NEVER MARRIED may E age 5 may 1 and 2 will 72 hours a last hirthday) Months and Male WIDOWED [DIVORCED [White July 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page : done during most of working life, even if retired) Pages Upholsterer Stewart & Co. Virginia pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give John E. Cockerill File Alice Pritchard WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no. or unknwn) (If yes give war or dates of service) hr. Edgar P. Lockerill- 2002 Lalaware Avenue with WW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Office along v ONSET AND DEATH PART I DEATH WAS CAUSED BY: and Drowning. IMMEDIATE CAUSE (a) in pencil DUE TO removal, Conditions, if any, which geve rise to immediate cause the word "penaing Medical Examiner's 10 DUE TO (a), steting the underlying 8 cause last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO 🛣 Medical should 20. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, IEnter nature of Injury in Pert I of Pert II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. DICAL EXAMINER: Boat sunk. Writing Chief 3ge 3 Month, Day, Year 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, form, 1 20f. (City or lown) 20c. TIME OF INJURY (Sleig) fectory, street, office bldg., etc.] 0 Not While Hour Just Off Annapolis 1960 A.A. Md_{\bullet} at work et work orwarded to the DIRECTOR: Po prior Chesapeake Bay the certificat≡, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | 💠 Inquiry and in my opinion Undetermined manner Homicide T. death resulted from. Natural causes Accident Suicide CHIEF MEDICAL EXAMINER designated ACTUAL or its design ASSISTANT MEDICAL EXAMINER DE DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 12/13/6 DEPUTY EXAMINER'S Petty M.D. Add NAME (Type) Charles S. Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Meadowridge Men. Park Elkridge. H 24a. REC'D BY REGISTRAR T 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS DATE DEC 1 5 '60 VS. A15ME 5M 7/59

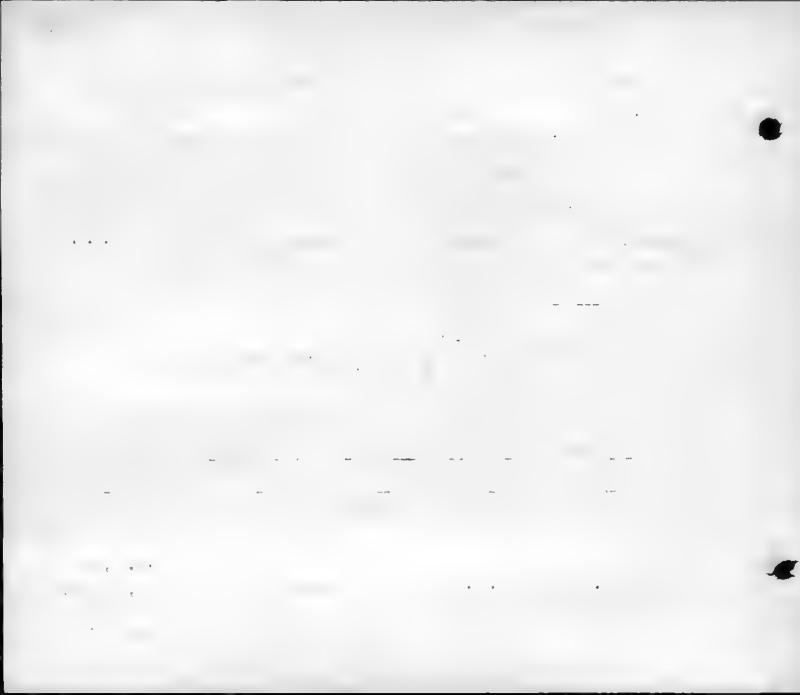
MARYLAND STATE DEPARTMENT OF HEALTH



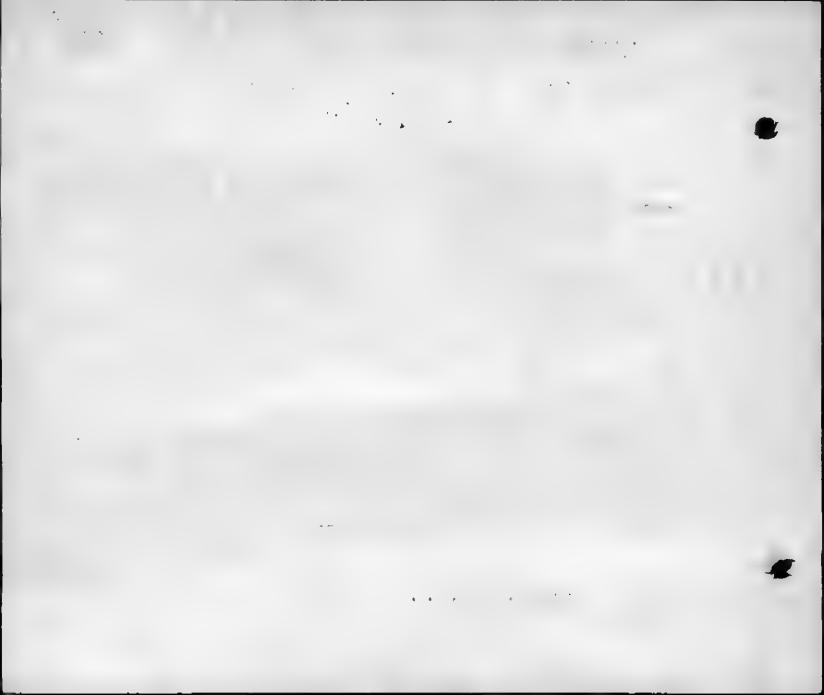
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1338 MY ISSUE OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH 5. COUNTY		2. USUAL RESIDENCE (Where deceased lived institution Residence before admission) a. STATE b. COUNTY										
	Anne Arundel	MARYLAND	Marylan	ıd ^b	COUNTY	Letanors							
1	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	134/11 1 /4										
	Crownsville	6 yrs 4 days	Baltimore		2/ +	T							
	d. NAME OF HOSP TAL (if not in hospitol give street or Crownsville State Hos)	oital	d street address 1114 Pennsylvania Avenue o. Is residence on a farm? YES [] NO [2]										
3	NAME OF First	Middle	Last	4. DATE	Month	Day Year							
	Type or print) HOULE		Cole	OF DEATH	12	27 1960							
\$ 9	Female Negro WIDOW		8. DATE OF BIRTH 1883 ?	9. AGE lost	3.4)	YEAR IF UNDER 24 HRS. Doys Hours Min							
10a	. USUAL OCCUPATION (Give kind of work done 10b		TRY 11. 81RTHPLACE (Stote			EN OF WHAT COUNTRY?							
	during most of working life, even if retired)	Inknown	Virginia			U.S.A.							
_	FATHER'S NAME	ALLIALIO MAA	14 MOTHER'S MAIDEN N	IAME									
	Atison Cole Lucy?												
		SOCIAL SECURITY NO 17 IN	FORMANT		Address								
{Yat	No or unknown) (If yes, give war or dates of service)	Inknown H	ospital Recor	eds									
	18. CAUSE OF DEATH [Enter only one couse per li	ne far (a), (b), and (c)]				INTERVAL SETWEEN							
	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Uremia				ONSET AND DEATH							
	45 DUE TO Chronic Brain Syndrome associated with												
	Canditions, if any, which) (b) Ge	neral Arterios											
	gave rise to immediate DUE TO												
	lying cause last. (c)												
<u>N</u>	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED?												
ICAT	YES 🖾 NO 🗆												
CERTIFICATION	20b. ACCIDENT WAS UNDERLYING DOR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTION DOES OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
CAL	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f, (City or lawn) (Caunty) (State)												
MEDICAL	Hour a, m. While at war	k of work	tory, street, office bidg., etc.	\ 									
	21. I certify that (I) (this haspital), attended the deceased from 12/23 19.54, to 12/27 160, that (I) (we) last												
	saw the deceased alive on 12/27	19-60 and that d	eath accurred at 7:4										
	22a S GNATURE		P	M		22b DATE							
	1/4/xeller	-c1	M D. PHYS DI	ED. STAF	Dec.2	7. 1960 SIGNED							
	22c. PHYSICIAN'S L. Benedict, M. D. 22d. ADDRESS Crownsville State Hospital, Maryland												
23a	BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF	R CREMATORY	A .	ity, tawn, ar county)	(State)							
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b REGISTRAR'S S GI	NATURE							
1	0 (1	160. 27. 1	1. 4 / DATE JA	_	Charling &								
		, , , , , ,	777. 127.10	., .	Court March	Theres							



1	11	MARYLAND STATE DEPARTMENT OF HEALTH Of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATES		1220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3329
MALTH DEPT)	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Rasid a. COUNTY	anca bafore admission)
Files.	-	B. STATE B. COUNTY	Arundel
X	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
etained etained State E Geath.	3.	NAME OF First Middle Last 4. DATE Decommonth Deceased	YES NO NO
d 3 to the ay be rewith the with there is after	5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	-
1, 2, an 1, 2, an 1, 2, an and 2 2 hour	10 de	fone during most of working life, even if relired)	OF WHAT COUNTRY
Ages 1	1/3	Friendship, Maryland U.:	S.A.
PM3 PM3 PM3 PM3 PM3 PM3	1)	Charles Creek Martha Jones	
1		5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ifyesgiva war or dates of service)	
item 1 with t perm			INTERVAL BETWEEN
exercii In		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra-uterine Anoxia	STATE AND DEATH
d bening the striple s		7 2.0 xouktox	
inoul inoul		Conditions, if any, which gava rise to immadiata cause Pneumonitis due to Amnionitis,	
nding iner d as		(a), stating the underlying DUE TO causa last. (c)	
This certification word "pen dical Examilation und be used cremation,"	CERTIFICATION		19. WAS AUTOPSY PERFORMED? YES NO
Medica Medica Should ist, crec	CERTIFIC	20a EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enlar natura of Injury In Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
AMIN writing to Chief Page 3	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Hour a.m.	(Stata)
Drice to the price		21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry ar	nd in my opinion
DICAL the certifi Srwarded DIRECT ed agent,		death resulted from: Natural causes , Actident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
orwards of the desired	,	SIGNATURE Charles S. Testy. M. D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER M.D.	DATE SIGNED
execusity NERAL D		DEPUTY MEDICAL EXAMINER	12/2/60
DEPU sase ex should FUNE its des	22	NAME (Typa) Charles S. Petty, M.D. Address (Street, city, town, or county) 2a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(\$/ata)
O DEP should or its d	1	REMOVAL (Spacify) 12-6-60 City MORBUR BALTO.	Md
VS. A15MF	23	3. FUNERAL DIRECTOR ADDRESS ADDRESS	ATURE
Frans	1	4000268×16	



VS A1S (4) 15M 9/SB

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

13330

CERTIFICATE OF DEATH

N

		T999;	EKTIFIC.	AIE OF DEATH Reg						Reg. I	Dist. No.					
1	PLACE OF DEATH	ne Arundel			MARYLAND		USUAL RESIDENCE (Where deceased lived. If institution: Residence, STATE							te before admission) (
/	b. CITY OR TOWN ((If outside corporate limi	its, write		OF STAY IN 15		c. CITY OR TOWN	V (If out	side corpa	rote lim	ils, write RI	JRAL on	give ne	give nearest town)		
L	RURAL and give n			8 years Washington, D.C.							Fred	-7	X	77		
L	d. NAME OF HOSPI OR INSTITUTION	'District of Children's	raini Cente	ng sch	mol		1143 M		Str	ee t	N.E.		- 1	ON A	IDENCE FARM? NO 🔼	
3.	NAME OF DECEASED	Fig	rst		Middle		Lost	4	4. DATE		Mon	th	_	-,	Yeor	
	(Type or print)		ronic				Dar den		DEATH		Decem	ber	27	,	1960	
\$.	SEX	6. COLOR OR RACE	7. MARE	SIED NEVI	ER MARRIED		ATE OF BIRTH	T O CO	,	9. AGI lash	E (In years birthday)	Months		Hours	R 24 HRS Min.	
_	emale	Negro	WIDOWI		DIVORCED [Huly 9,				LU yrs	<u> </u>				
	 during most of wor 	ON (Give kind of work king life, even if relired	done 10b.	KIND OF BU	ISINESS OR INDI	JSTRY		(State or	r foreign o	ountry)				F WHAT	OUNTRY	
-	nstitution	nalized				1,	D.C.	do de la casa				US	SA			
13. FATHER'S NAME unknown 14. MOTHER'S MAIDEN NAME Mary Lee Darden																
15	WAS DECEASED SVI	unknown R IN U. S. ARMED FOR	CESS TV	COCIAL CEC	INITY NO T	INICOS	MANT LE	e na	n. deu		Addr					
	is, no, or unknown)	(If yes, give war or dates of t		SOCIAL SECT	211177 1101		ldren's	Cont	on 1	T 0.12*						
	Tip CAUSE OF DE	AMERICA I				71 LL.	TOT 611 - 2	CELLO	er, 1	Laur	er, M	a.	1 15.17	envar ne	714/5551	
1	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:										ON	ONSET AND DEATH				
	en.	IMMEDIATE CAUSE (c		ASD -	iration											
	California is a	DUE TO	,	Severe	a spasti	co	uadriple	gia								
ı	gove rise to immediate (b)															
	lying couse lost Convulsive disorder															
Z	PART Is. OT	, , , , , , , , , , , , , , , , , , , ,	,	ONTRIBUTIN	IG TO DEATH BU	T NO	RELATED TO THE	TERMIN	AL DISEAS	E CON	DITION GIV	EN IN PA	PART 1(0) 19 WAS AUTOPSY			
CATION		Severe	ment	tal ret	tardatio	n								PERFORMED? YES NO		
CERTIFI	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW	INJURY OCCURR	ED. (E	nter nature of inju	ry in Pa	rt I or Por	t II af i	tem 1B.)		·			
MEDICAL		RY Month, Doy, Ye		NJURY OCCU	IRRED 20e P	LACE	OF INJURY (Hame	, form,	20f (City	or tow	n)		(County)	(Stote)	
MED	Hour o.m.	19	While at wor	Not wh	III 6	астагу,	street, affice bldg	g., erc.)								
	21. I certify th	not I attended the	deceos	ed from .	1/11/52		_, 19, to	Dece	mber	27.	. 160 .	that I	lost so	w the d	eceased	
		12/26/60	, 19				curred at 12	/1								
	7	1)	1 1-						ly or town,				E SIGNED	
	ACTUAL SIGNATURE	Sml E	- /:	Joyl	and	_ M.D.	Child	ren	's Ce	nte:	r, La	<u>irel</u>	, Md	12/2	7/60	
L	PHYSICIAN'S NAME (Type)	James E. B	oylar	nd, M.	D.		Chi 1d	ren	's Ce	nte	r, Lai	rel	, Md	.12/2	7/60	
220	BURIAL, CREMATIC REMOVAL (Specify)	}			OF CEMETERY				2d. LOCA	TION (C	Lity, town, t	or county	'}	(Stot	e)	
	Burial Specify		1960	· · · · · · · · · · · · · · · · · · ·		in	ing School			aure				ryla	nd	
23.	FUNERAL/DIRECTOR	S SIGNATURE CO	to 1	LATA	unt 1.). 7		, rec'd _{te} JAN	BY REGIST	TRAR	24b. REGIS		SIGNATU Fire			



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before admission) e. COUNTY b. COUNTY of Health, files. Sama b. CIT OR TOWN (if outside corporate timits, MARYLAND ctor. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wrate RURAL and give nearest town) 200 write RURAL and give neerest town) Same rears Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? uld be executed within 24 hours after death. If any delin pencil in fem 18. Give Peges 1, 2, and 3 to the funer. Office along with form PM3. Page 5 may be retained unial-transit permit. File pages 1 and 2 with the State towal, and in any event within 72 pours after death. YES NO 103 Glenmount Avenue 3. NAME OF M ddle 4. DATE Month Year DECEASED DEATH DOGOTO CO Jan (Type or print) ichar Torsey Davis 19~ / 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months WIDOWED F 1De USUAL OCCUPAT ON (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired! . Altimore. 'c. clerk and luver at 4. Lienson So. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tola Harie Morris Richard D. Davis Sr. Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unknown) ! (If yes give we condetes of service) 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Career of lungs IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (6) "pending" Examiner's (geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 te the certificate, writing the word forwarded to the Chief Medical E. DIRECTOR: Page 3 should be also equal, prior to burial, cremat NO F 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Part || of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While at work at work please execute the certificate, v 4 should be forwarded to the 5 FUNERAL DIRECTOR: P. or its designated agent, prior t prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry [X] and in my opinion Undetermined manner death resulted from: Natural causes V Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/15/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 228, BURYLL, CREMATION, REL. DATE THEREOF 22d. LOCATION (City, town, or country £40 ò 23. FUNERA DIRECTOR 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME Orthon S. Frank 5M 7/59



AND RECORDS, 301 Division of STATISTICAL RESEA MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) pctor. Page our Mes. a. COUNTY **b.** COUNTY Pennsylvania Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give neerest town) write RURAL and giva nearast town) Hazelton 1 to 6041 Uz. ith d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Bo ON A FARM? death. It any and 3 to the funer may be retained may be retained Anne Arundel General Hospital YES NO TE E. Mine Street death. NAME OF First Middle 4. DATE DECEASED (Type or print) 1960 DEATH December DEFRANCESSO ROBERT 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR ss 1, 2, and 3 sege 5 may be 1 and 2 with 72 hours ef 7. MARRIED NEVER MARRIED last birthdey) Days Hours WIDOWED DIVORCED Male 100 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or fore.gn country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 and done during most off working life, even if retired) File pages | FATHER'S NAME 14. MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple crushing injuries of abdomen, chest and head **DUE TO** Conditions, if any, (b) "pending" i xaminer's O used as a bi gave rise to immediata cause **DUE TO** (e), stating the underlying Examiner causa lest. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 118 19. CERTIFICAMON WAS AUTOPSY PERFORMED? 28 e word · YES X NO Medical pinous 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iem 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY N or CONTRIBUTING sase execute the certificate, writing the should be forwarded to the Chief Me FUNERAL DIRECTOR. Page 3 shorts designated egent, prior to burial, CAUSE OF DEATH Pedestrian struck by auto 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stata) Month, Day, Year factory, street, office bldg., etc.) Not While Hour DOK 60 at work al work Road PARTIAI Anne Arundel. Md. 21. I certify that I took charge of the remains described above, held an Autopsy (X). Inspection Inquiry and in my opinion Accident X Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER THE ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22a BURIAL CREMATION | 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_ LOCATION (City, town, or country) (Stota) REMOVAL (Spacify) Q40 P 248. REC'D BY REGISTRAR | 246. REGISTRAR'S S GNATURE 23, MUNERAL DIRECTOR VS. A15ME DAT DEC 9 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



VR A1S [4] 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13333

. 1	324Z		CERTIFIC	CATE	ATE OF DEATH					T0999		
1. PLACE OF DEATH				2.	USUAL RESIDENCE	E (Wh	ere decease	d lived. If instituti	on: Reside	nce befo	re admiss	ilan)
	nne Arunde	1	MARYLA	ND		yla	nd	P COUNTA	Ann	e Ar	unde	1
b, CITY OR TOWN (f RURAL and give no	f autside carporate lim earest lawn)	its, write c LEI	NGTH OF STAY IN	1Ь	CITY OR TOW	N (If a	ulside carpo	rate limits, write R	URAL and	give ne	arest town	٦)
Annapol	is		hours				ville					
OR INSTITUTION	AL (If not in hospital, s		s)									FARM?
Anne Arunde			·			ver	·				YES [_	NO [
3 NAME OF DECEASED	Fr		Middle		Last		4. DATE OF	Man		Do		Year
(Type or print) S SEX	Ral ph	1	uis		CKINSON DATE OF BIRTH		DEATH	December 9. AGE (In years				19 60 ER 24 HRS.
		WIDOWED	NEVER MARRIED DIVORCED [/ -	3	DOE	(ast birthday)	Months	Days	Hours	Min.
Male	White					/Stole	or fareign o	ountry!	12.CII	IIZEN O	EWHAT	OUNTRY?
Gov. Prin	ting life, even if refired	1)	O. 003111E33 O. 1	11003111	Massac			V4,)		U.S.		.001411071
13. FATHER'S NAME	orna Ott	LCG		1	4. MOTHER'S MAI					U	ı	
Lewis An	gus tus Di	okinen	n		Emma Re	he	oca (valon				
15 WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. SOCIA		17, INFO			0000	Add	ress			
Yes	WWI	PELAICE)		Iren	a Barde	n i	Dicki	nson. S	Same	as	2	
18 CAUSE OF DEA	iTH [Enter anly one co	ouse per line for (-				INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY-	a Car	-diac	Ar	rest						SET AND	
126	DUE TO	_	- / /									
Canditions, if o		Via	beggi	a	coloses					2	4 4	ourd
gave rise to in cause (a), stating		5	. / /	_	2m 11	2'/						
lying cause last.) (4	/	aberes		mell	/ / - ¿	<u></u>			L	246	ars
PART II. OTH	IER SIGNIFICANT COM	IDITIONS CONTRI	BUTING TO DEATH	BUT NO	T RELATED TO THE	TERMI	NAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED?
A L		1001 0000000									YES P	NO 🗆
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206 DESCRIBE	HOW INJURY OCC	URRED, (I	inter nature of ing	ury in i	art tor for	f II at ilem 16 j				
20c TIME OF INJUR	Y Manth, Day, Ye			e. PLACE	OF INJURY (Ham , street, affice bld	e, farm	, 20f. (City	ar tawnj		(County)		(Stote)
₩ p.m.	19		Nat while It work			6 7 0.0.	<u></u>					
21 I certify tha	it (i) (i)ත්පෙතකක්ත	J) attended th	e deceased fro	om_De	c. 29	. 12.	60,.to_	Dec. 29.	, 19_	60, th	nat (I) (2724 last
sow the deceas	od olive on _De											
220 S GNATURE	1 111	111	//		9:1	O P	.M.	CTAFF			22	DATE SIGNED
Anche	4 V. F	well	enare	M D	, PHYS	DII	RECTOR [STAFF PHYS.		1	2/30	/60
22c. PHYSICIAN'S NAME (Type)	D T II				22d. ADDRESS	, ,	2 0			М.		
	R. I. Hoc					ned		t., Annar		, ľd	<u> </u>	
23a BUR AL, CREMAT O REMOVAL (Specify) BUR La. L			NAME OF CEMETE		REMATORY			TION (City, lown,	, ,	a.	(510)	(e)
	J = -	1961 0	edar Hi	1].	00.	0.000		ington	CTDAD'S G	J.	DE	
Hopping &	Kirklex	GlenB		MA	250	i rec'i Te JA I	N 4 '6	1 256 REGI	STRAR'S &	CANA TO	Ø#.	
TOPPING O	VITTER	, Grend	aritie;	Late.	DA	IE and						



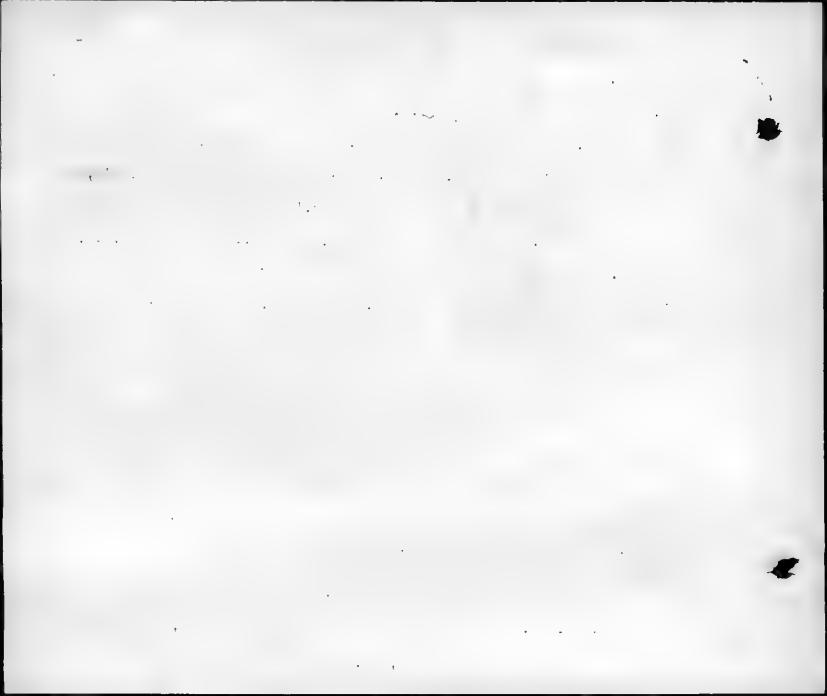
TO HOSPITAL CONTINUING PHYSICIAN: The law Equires that the Leath mertificate be executed within 21 haurs ofter death Lage 4, may be retain by the haspital or attending physician.

TO FUNERAL DESTORE: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 mild be filled with the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 harts after death.

34		
	7	

VR A1S (4) 15M 9/59

			3391	Mari	# CERTIF	ICAT	E OF D	EATH	nd				
	î P	LACE OF DEATH	ndel		MARI	(LAND	2 USUAL RES	arylar	nere decease	d lived. If ins			re admission) Tundel
	b	CITY OR TOWN (IF RURAL and give new Hanover	autside corporol	e limits, write	12 yr	- 1	c CITY OF		outside corpo	rate limits, w	rite RURAL on	nd give ne	arest tawn)
	-	I. NAME OF HOSPITA OR INSTITUTION BOX 121	Rt. 1	ital, give street Ridge			d. STREET	ADDRESS Box 1	121	Ridge	Road		e. IS RESIDENCE ON A FARM? YES NO
	3. N	IAME OF DECEASED Type or print)		First EVA	Middle C.		CKWORT	pst H	4. DATE OF DEATH	_	Cempei	-	18, 19 60
	\$ 5	Female	6. COLOR OR R	WIDOW			DATE OF BIR	v.172		88 birthd	ears IF UND loy) Manth yrs.		Hours Min
		housewor	ng life, even if r	etired)	Own Home	OR INDUST	Ga	rrett	Co.,	ountry) Maryl		U.S.	A.
	13. 1	ATHER'S NAME					14. MOTHER						
		Jesse O.						argar	et Urn	nond			
	15 Y 1Yes,	WAS DECEASED EVER	IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO		. Marg	aret (E. Ma	tthews	Address San	ne As	#2
		Conditions, if on gove rise to in couse (o), stoting t	IMMEDIATE CAU	BY: (1)	pe for (o). (b), and (c)		e tai	Herre)			INTO N	ERVAL BETWEEN SET AND DEATH
	CERTIFICATION	PART II. OTH	y ER SIGNIFICANT	(c)	CONTRIBUTING TO DE	ATH BUT N	OT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION	N GIVEN IN P	ART 1(o) 1	PERFORMED?
4		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF D	ATH	CRIBE HOW INJURY C	CCURRED.	(Enter noture	of injury in I	Port i ar Par	t II of item 18	i.)		
i	MEDICAL	20c. TIME OF INJURY Haur o. m. e. p. m.	Month, Doy	While	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY ary, street, offi	(Home, farm ce bldg., etc	, 20f, (City .)	or town)		(County)	(Stote
		21 I certify that saw the decease	(I) (this has	pital) attend	ded the deceased	fram.Z	and accurre			the cause		he date	at (I) (we) las
		220. SIGNATURE	R.Ma	ed'ann	ell will	7	.D. PHYS	NG MI	ED RECTOR []	STAFF PHYS			22b DATE SIGNE
		22c PHYSICIAN'S NAME (Type)					22d, ADD	RESS til	Fill.	iù,	Sillel		
	23a	BURIAL CREMAT OF REMOVAL (Specify) BUTIEL		ec. 160	Philos				L .	rnpart	1		(State)
-	24 1	LINERAL DIRECTOR	SIGNATURE		ADDRESS				D BY REGIST	TRAR 2Sb	REGISTRAR'S	SIGNATU	RE
	7	Laund	100		Glen Burni	e. M	d.	DATE DE	021 18	30	Circlian.	8. Har	r.d.



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before adm ssion) 1. PLACE OF DEATH e. COUNTY Page .b. COUNTY of Hearth, necessary, ector, Page Your files, Anne Armael BATTE MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) b. CITY OR TOWN (if outs de corporete imits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) months Pasadena d. STREET ADDRESS . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 11, 2, and 3 to the funer age 5 may be retained 1 and 2 with the State B 72 hours after death. פיים ביוף YES NO de Last 4 DATE Month NAME OF First Middle OF DECEASED DEATH 196 December 10th. (Type or print) alon a 9. AGE (In yeers (IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthday) Hours WIDOWED DIVORCED YIS. This certificate should be executed within 24 hours after word "pending" in pencil in frem 18. Give Pages 1, 2, at Arical Examiner's Office along with form PM3. Page 5 in 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Key West, Florida None E William W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dorothy Smith Jimmy D. Elgin permit File Byent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (liyes give wer or detes of service) Firs. Jimmy Elgin (mother Office along with burial-transit permi any INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] <u>=</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pul onery infection. and IMMEDIATE CAUSE (e) DUE TO ramovai. Conditions, if any, which (b) gave rise to immediate cause Medical Examiner's 60 DUE TO (a), steting the underlying SE ö cause lest. (c) should be used PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY cremation, CERTIFICATION PERFORMED? the word NO [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING arded to the Chief Mer RECTOR: Page 3 shot agent, prior to burial, o DICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, ferm,) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While Ноис в.т. et work et work 19 p.m. should be forwarded to the FUNERAL DIRECTOR: and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection 77 Inquiry Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED SIGNATURE should be f DEPUTY MEDICAL EXAMINER TO DEPUTS EXAMINER'S Gler urnie, d. C-13t LVE . . . Pauhent NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 0880 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify) 40 8 URIAI ď. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59



PLACE OF DEATH

NAME OF

mm e

1dy me

RURAL and give nearest town)

CITY OR TOWN (If outside corporate limits, write

ternsa d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13394

c LENGTH OF STAY IN 16

F 5

Middle

MARYLAND

CERTIFICATE OF DEATH

d. STREET ADDRESS

509

Last

13336 Reg. Dist. No.

Day

e. IS RESIDENCE ON A FARM? YES NO

Yeor

2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
o. STATE
| b. COUNTY | A | | | | b. COUNTY

c. CITY OF TOWN (If outside corporate limits, write RURAL and give necrest town)

Month

4. DATE

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2 B	1 6 3
스 표	l l'wil
d be	()
5 0	

uneral (in by and 2 campletely filled in papers. Pages 1 and papers.

and physician o attending Then please by the

ITENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 Bours after death. Paga a

ATENDING rn. successions by the haspital are attending physician.

JOR: After this certificate has been signed by detached for use as the burial-transit permit. TO FUNERAL DIRECT page 3 should be the registrar prior t

VIII A1S (4) 1SM 9/S8

1	(Type or print) Marian	7:NK DEATH DEC. 16. 1960
5. 5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE C	
	female White WIDOWED DIVORCED 2915	Aug 1898 Post birthday) Months Doys Hours Min.
0o.	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTH LACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	Housework Own Home Pa	Baltimore, Md. U. Siff-
3.		THER'S MAIDEN NAME
	Charles Turnet	Ellen (unknown)
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (Yes, no. or pinknown) + (If yes, gave wor or doles of service)	1:
	No MM Nona Elmer	t. tink Some As 2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	y Thromboris
	DUE TO	
	Conditions, if ony, which (b) (Ardea	J Frankeneres
	gove rise to immediate couse (a), stating the under-	60
	lying couse lost. (c)	
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
CATION	3	YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter n OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	olure of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. While of work of work 20e PLACE OF INfoctory, stree	UURY (Home, form, t, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased fram 12-15, 1	9 60, to 12-16, 1921, that I last saw the deceased
		ed at <i>CP</i> M, fram the causes and an the date stated above
	Lesson 50. 5	ADDRESS (Street, city or lown, stote) DATE SIGNED
	ACTUAL SIGNATURE M.D.	12-16-60
	PHYSICIAN'S CACRNE SCHNITZER	3904 S: Hanover St.
22o.	20. BURIAL, CREMATION, 226. PATE THEREOF 22c. NAME OF CEMETERY OR CREMAT	ORY 22d LOCATION (City, town, or county) (State)
		etery Brooklyn RfD, Mds
23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	(V. Dington Glen Burnie) 190	DATE DEC 2 2 '60 Cribur S. Thomas



ADDRESS

WASH-, D.C. 24a, REC'D BY REGISTRAR

Year

160

(Stote)

24b. REGISTRAR'S SIGNATURE

Onther & House

TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/58

1493

23. FUNERAL DIRECTOR'S SIGNAPLE

after death

executed within 24 hours



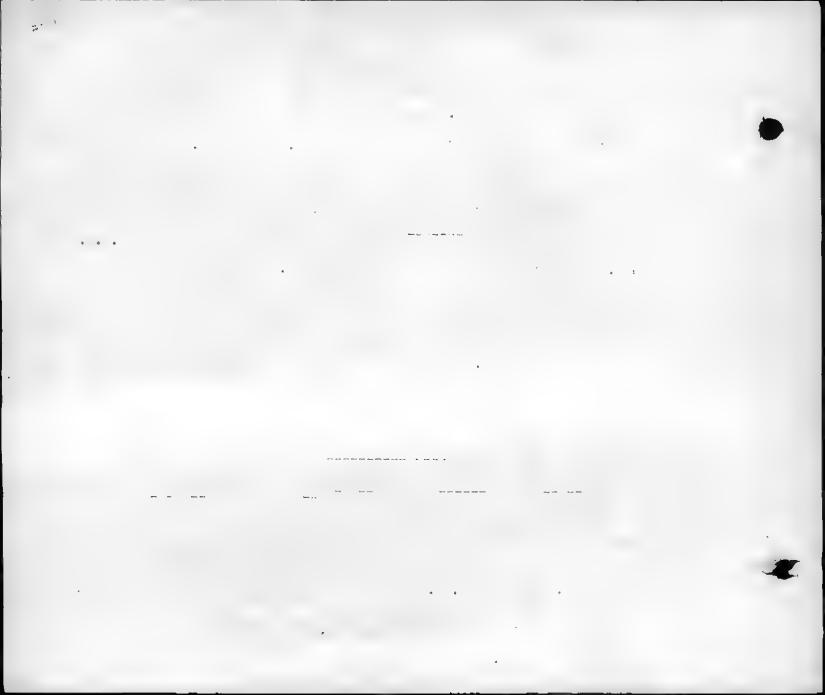
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2000											
	LACE OF DEATH COUNTY	Arundel		MARYLAND	2.	JSUAL RESIDENCE (Who STATE Maryland	ere deceased		ion: Residenc		nission)	
6	RURAL and give r	If outside corporate limits rearest town on the corporate limits.		th of stay in 16		E. CITY OR TOWN (IF or Baltimore	utside corpora	te limits, write	RURAL and gi	ive nearest to	own)	
A	OR INSTITUTION	TAL (If not in haspital, giv	· ·	-1		d. STREET ADDRESS				ON	RESIDENCE	
~	Crow	nsville Stat	e Hosbir	gT	_1	4432 St. George Ave.						
	IAME OF PECEASED Type or print)	First Wi.	lliam	Middle Edwin		Fletcher	4. DATE OF DEATH	Mo	nth 12	Doy 9	Yeor 19 60	
5 SI	EX			EVER MARRIED		TE OF BIRTH	9	. AGE (In years last birthday)		YEAR IF UP	NDER 24 HRS.	
10-	Male	210020	WIDOWED T	DIVORCED		ne 29, 1903		57 yn		TEN OF MA	T COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)								mryj		.S.A.	(I COUNIET?	
	arpenter ATHER'S NAME				Maryland U.S.A.							
		Fletcher				Mary E.						
15. \ (Yes,	WAS DECEASED EV	ER IN U. S. ARMED FORC (If yes, give war or dates of sen			INFOR	MANT Ospital Rec	onde	Ad	dress			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. (c) Costrectory									trag ni nav	S/HC 6	NO DEATH LEZZ Odinis	
ت _ا	(IF EITHER, NOTIF	G CAUSE OF DEATH	06. DESCRIBE HO	W INJURY OCCUR	RED (E	ter noture of injury in P	art I or Part	ll of item 18.)				
MEDICAL	20c TIME OF INJU Hour a.m p. m	RY Manth, Day, Year	While == +Net at wark at w	-while_	PLACE (OF INJURY Hame, form, street affice bldg., etc.	20f (City o	or town)	(C)	ounty)	(Stote)	
	21 I certify that (I) (this haspital) attended the deceased from 4/19 1960 . to 12/9 1960 . that (I) (we) last saw the deceased alive on 12/9 1960 . and that death occurred at 12AM, from the causes and an the date stated above. 220 SIGNATURE M.D. ATTENDING MED STAFF 12/9/6 221 PHYSICIAN'S MAME (Type) L. Benedict, M. D. Crownsville State Hospital, Maryland											
	BURIAL, CREMATI	12-13-	60 -77	et. Caling	ery 2	Cernoling 250 RECT	BY REGISTR	ON (City town, NA JEW. AR 256, RECO	ISTRAR'S SIG	NATURE	otote)	

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 funeral director, in by campletely filled in hospital or attending physician.

After this certificate has been signed by the attending physician and After this certificate has been signed by the attending physician and After this certificate has been signed by the attended to be a solution of the property of the attended to be a solution of AFCTOR: / TO HOSPITAL QR TO FUNERAL DIX

VR A1S (4) 1SM 9/59



funeral director, ald be filed with

MARYLAND STATE DEPARTMENT OF HEALTH 1 2 1 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	TOOLO		CERTIF	ICAIL	OF DEATH				ull.	0	~
1. PLACE OF DEATH					USUAL RESIDENCE (WI	nere deceased		n Residen	ce befor	e odmiss	on)
. county	Anne Arunde	1	MARY	LAND	o. STATE Mary	land	b. COUNTY	Anne	Aru	inde:	L
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	s, write	c. LENGTH OF STAY	IN 16	CITY OR TOWN (IF	outside corpore	ote limits, write RI	JRAL ond	give neo	rest fawr)}
Annapol					RURAL _	Crown	sville				
d. NAME OF HOSPITA	Ac (If not in hospital, g	ive street	address)	/	d. STREET ADDRESS					IS RES	IDENCE FARM?
Anne Arunde	l General F	lospi	tal	- 11					}	YES 🗘	FARM?
NAME OF DECEASED	Fin	i i	Middle		Lost	4. DATE OF	Mon	th	Day	, '	Year
(Type or print)	Bertha		E		FORNEY	DEATH	Decemb	er	1		19 60
S. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRI	ED 🔲 8. D	ATE OF BIRTH	5	P. AGE (In years last birthday)	IF UNDER	1 YEAR Days	Hours	ER 24 HRS Min.
Female	White	WIDOW		- D0			81 yrs.	Monnes	Days	nous	AMIII.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work of	lane 10b	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Stote	or fareign cou	intry)	12. CIT	IZEN OF	WHAT	OUNTRY
Hous	se wife		Own home		Maryl	and			U.S	3.	
3. FATHER'S NAME				1.	A. MOTHER'S MAIDEN I	NAME					
	nn Catterto				<u>Unkn</u>	own					
IS. WAS DECEASED EVER	RIN U.S. ARMED FOR If yes, give wor or dotes of si	CES? 16	SOCIAL SECURITY NO				Addr		// 6		
no	no		one		Robert L. F	orney-	Son-Sam	8 8 8	# 2		
	TH [Enter only one co	use per lji	ne for (o), (b), and (c).	1,	' .' /	1.			ONS	RVAL BE	TWEEN DEATH
2 to 1	TH WAS CAUSED BY:)(1	C. MAR	min	MARMY	MUL	my		12	4/1	ro.
d14	DUE TO		M. A.	1	1 . 11	11	/1				
Conditions, if or			VMIA	runs	1 man	HIVO	unry				
couse (o), stoting t						/ V					
lying couse lost.) (c								W 12 12		A LITABEY
OF OTHER	EK SIGNIFICANT CON	DITIONS S	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL D SEASE	CONDITION GIV	EN IN PAR	(1 1(0) 11	PERFO	AUTOPSY RMED?
S JOYYU	como (nu	mul:	Iny	inter noture of injury in	MIN	ll of the IP			YES _	NO.
200 ACCIDENT NO OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200 013	CRIBE HOW INJURY O	CCOKKED (E	nter notice or injury in	rang (or ran	II or iselic to /				
\$ 20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d. II	NJURY OCCURRED	20e PLACE	OF INJURY (Home, farm	n. 20f. (City	ar tawn)	{	County)		(State)
20c. TIME OF INJURY	19	While of wor	Not while	factory	, street, office bldg , etc	:.)					
	t (I) (this decorated	t aftend	led the deceased	fram. No	vember 19	59. to D	ec. 1.	, 19_5	50, th	at (I) (302K) los
saw the deceas	ed olive on De	2.1,	19_60, and	that deal	h occurred of	M, from t	he causes an	d an th	e dote	stated	obove
220 SIGNATURE	. ~	1/		_	11:45	P.M.				22	DATE SIGNEE
11/00	my of OH	1	mm	M.D.	PHYS D	RECTOR	STAFF PHYS			12/	2/60
22c PHYSICYAN'S NAME (Type)	W1 - 17°				22d ADDRESS	V	A		***		
	Maurice K	Lawein	18		31 Southga	ite A'e	., Annar	olis,	Md.	<u></u>	
23a. BURIAL, CREMAT,O REMOVAL (Specify)	N, 23b, DATE THEREC	F	23c. NAME OF CEM	ETERY OR CE	REMATORY	23d LOCATE	ON (City, town, o	or county)		(510)	e}
Burial		1960		emoria	1 Cematery	W: 11	ersville		ylaı		
24 FUNERAL DIRECTOR	SATGNATURE	70	ADDRESS			D BY REGISTR		STRAR'S SI			
War and	Thursday II	1.11	Ammonald	- Ma	DATES	09' 7.0	Cut	and do	المانيونيان او		

Annapolis. Md.

DATE EC 7

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retail by the hasp tall ar attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the ottending physicion and campletery filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL VR A1S (4) 15M 9/59



FOR STATE HEALTH DEPT.

TO DEPUTIVE SHICAL EXAMINEE. This certificate should be executed within 24 https://www.eco.com/ming.co VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesad livad, If institution: Residence before edmiss on)										
nne Arundel MARYLAND	Same Same										
b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerast town)	c. CITY OR TOWN (if outside corporate tim'ts, write RURAL and give nearest fown)										
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?										
"Loom Town" . nnapolis Rd . 3. Name of first Madda	Last 4. DATE Month Day Yasr										
(Type or print) /// P. A. // / / / / / C. Org.: Gaz's	OF DEATH 19/10/10										
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.										
WIDOWED DIVORCED	5/5/14 45 yrs. Months Days Hours Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working I'fa, ayan 'f refired) Self employed , lanager of bar.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. USA USA										
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
John Gzda	? UNKALOWA										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address										
(Yes, no, or unkown) (Ifyasgivawerordetesafservice)	Gloria Farattini (ste. Canita)										
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	I INTERVAL BETWEEN										
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Shywi tion by as DUE TO	ONSET AND DEATH										
Conditions, if any, which (b)	k v w ertalian . w										
geva rise to immadiate cause (e), staling the underlying DUE TO											
cause lest. (c)											
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO										
206. DESCRIBE HOW INJURY OCCURED. TE	PRIMARY Cor CONTRIBUTING C										
ZOc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA Hour e.m. A. 1	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)										
	tol(main floor) Odenton A										
21. I certify that I took charge of the remains described above, he	old an Autopsy Inspection F. Inquiry V. and in my opinion										
death resulted from: Natural causes	ide . Homicide . Undetermined manner .										
ACTUAL Alleston & Henderallo	CHIEF MEDICAL EXAMINER										
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED										
EXAMINER'S	DEPUTY MEDICAL EXAMINER 2 12/20/60										
NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR	Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country) (State)										
B. RIA / 12-23-60 Hemestead (23. FUNERAL DIRECTOR) & ADDRESS	emetery Homesters PA. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE										
HOPPING HERKHEY GLON BURNI	e Md DATE DEC 23'60 curing S. Kraus										
	7										



7	MARY	LAND STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	40040
35 ~	1334	CERTIFICA	ATE OF DEATH		1334 <u>1</u> leg, Dist. No.
with the section	1 PLACE OF DEATH		2 USUAL RESIDENCE (Whe	re deceased lived. If institution: b, COUNTY	Residence before admission)
물질 (기가)	Anne Arundel	MARYLAND	Maryland		ANNE ARUNDEL
2.3	b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, write RUR	AL and give nearest town)
5	Annapolis	2 days	# Edgewate	r	
- Jane 1	d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
- 3/	USNH, Annapolis, M	aryland		or Estates	YES NO 🔯
	3. NAME OF DECEASED	rst Middle		4. DATE Month OF DEATH Decembe	Day Year
	(Type or print) Karen	Elizabeth	GRANT [Decembe	
		7. MARRIED NEVER MARRIED	8 DATE OF BIRTH	lost birthday)	Aonths Doys Hours Min.
	Female White	WIDOWED DIVORCED	12-3-60		00 02
	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	d) Cone I'm KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
/_	13. FATHER'S NAME		Mary land		USA
(-					
	15. WAS DECEASED EVER IN U. S. ARMED FO	PCESS IA SOCIAL SECURITY NO. 17	Susan Ann F	(e Che Address	
1	(Yes, no or unknown) (If yes, give wor or dates of	service)			
Ī	18. CAUSE OF DEATH [Enter only one of		rner - Wilelli	or Estates, Ed	gewater, Marylan
1	PART I. DEATH WAS CAUSED BY:	•	INGS		ONSET AND DEATH
	IMMEDIATE CAUSE (***	7NO3		
	Conditions, if ony, which				
	gove rise to immediate	ა)			
	twice cours last	c)			
*		NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	I IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
-		20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1B)	٥
	YOC. TIME OF INJURY Month, Doy, You Hour a.m. 19 p. m. 19	While Not while fo	ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I offended the	deceosed from 12/3	, 19 60, to 12		that I last saw the decease
	olive on 12/5	, 1 <u>9.60</u> , and that deoth			d on the date stated above
	ACTUAL SIGNATURE	·		DDRESS (Street, city or lown, sto Hospital	apolis. Md. 12-6
	PHYSICIAN'S MALE	AS, LT MC USNR			
l	220. STIRIAL CREMATION 226 DATE THERE	of 22c. NAME OF CEMETERY CO		22d LOCATION (City, town, or	equnty) (SGe)
3	23 FUNERAL DIRECTOR'S SIGNATURE	APDRESS ()		BY REGISTRAR 246 REGISTR	PAR'S SIGNATURE
Do	John M. Tak	Har Youlling	Males MapateDEC	8 '60 0.1	a l Kand
vs	2051212 x	V 3		,	

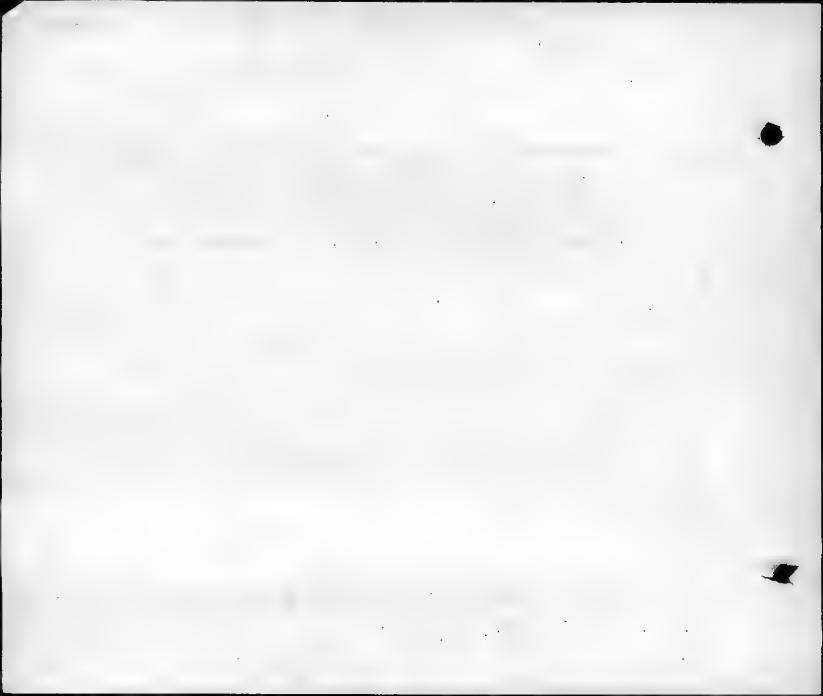


VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 13397 CERTIFICATE OF DEATH

13342

L_		10001				
1.	o. COUNTY AND	NE ARUNDEL	MARYLANI	2. USUAL RESIDENCE (Where deceased o STATE Maryland	b. COUNTYANNE A	rundel
	b CITY OR TOWN RURAL and give	(If pulside corporale limits write	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corpore	ate timits, write RURAL and give	nearest town)
		-Pasadena	35 yrs	Pasadena		
Г	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street	address)	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L		kesidence.		Box 185 Route 2	Rock Creek	YES NO
3.	NAME OF DECEASED (Type or print)	GEORGE	MILTON	GRAY 4. DATE OF DEATH	Month Monda December 5t	
5	SEX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED			EAR IF UNDER 24 HRS
	Male	White widow	/ED DIVORCED	June 26,1886	yrs. Months Day	ys Hours Min.
10	JSUAL OCCUPAT	ION (Give kind of wark dane 10b rking life, even if retired)	KIND OF BUSINESS OR IN	USTRY 11. BIRTHPLACE (Stole or foreign con	unity) 12.CIT:ZEN	OF WHAT COUNTRY?
C		& Helper G	en'l House	Reprs. Anne Arund	elc6 Md US	A
\leftarrow	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	1	m C Gray		Elizabeth F H	arrison	
15.		ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT	Address	
	No	21	9-01-7177. IN	rs May L Gray (Wif	e-Widow) S	AME
	18. CAUSE OF DE	ATH [Enter only one cause per	ine for (a), (b), and (c)]	1	4	INTERVAL BETWEEN
	PART I, DE	ATH WAS CAUSED BY: [MMEDIATE CAUSE (a)	arebro-	Vas Cistary a	Eldent.	10 hours
	and the state of	DUE TO	A v	U Continue II	,	
	Conditions, if		meralinea	arterioscle	roses !	Zingeans
	gove rise to couse (a), stating		9			
	lying couse lost					
CATION	PART IL O			UT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
			- sincer			YES NO
CERTIF	20a ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING (1) 20b, DE G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RED (Enter noture of injury in Port I or Port	II of item 18)	
MEDICAL				PLACE OF INJURY (Home, form, 20f. (City factory, street, affice bldg., etc.)	or town) (Cour	nly) (State)
MED	Hour o.m.	10	Not while	lactory, street, dince blog., etc.)		
	2) I cartify th	ot (I) (H is hospit al) atten	ded the deceased from	Quere 10 1954 106	Vice 5 1960	that (1) (med last
		osed olive on Che.	2	deoth occurred of AM, from		
	220 SIGNATURE	n 10	MA.	ATTENDING MED	STAFF	22b DATE SIGNED
	08.111	Mexaugi	hlen	M.D PHYS DIRECTOR	PHYS 🗆	12/5/60
l	72c./PHYSICIAN'S. NAME (Type)	RIMMEL	rughlin	3708 Morenta	milled Vad	xdena 119
23	BURIAL, CREMATI	ON, 235. DATE THEREOFITH 1: DEC 8 1960	r 23c NAME OF CEMETER Cedar, Hil		ON (City, town, or county)	(State)
24	FUNERAL DIRECTO	R'S SIGNATUR	codoons con	250 REC'D BY REGISTI		
1	.Howard	Evans & Son	1400 S Char	les St (30)	Catten S. ta	Laud



and

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13343

				4.7	CERTIFICA	CIE OI DEATI			-		
		OF DEATH				2. USUAL RESIDENCE (Where deceased liv	red. If institution	n: Residence be	efore admiss	ion)
	a. CO	A)	nne Arunde	1	MARYLAND	o. STATE Maryla	ınd	b. COUNTY	Anne A	runde	1
		Y OR TOWN (If	outside corporate lin	nits, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carporote	limits, write RU	RAL and give	nearest town	1)
			pelis			RURAL	- Annapo	lis			
*	d. NA	ME OF HOSPITA	Dead on an	give street andress)		d. STREET ADDRESS				e. IS RES	IDENCE FARM?
ŧ			l General			Rt-1, Bo	on Haven				NO [
	3. NAME	OF ASED	F	First	Middle	Last	Day	Year			
		or print)	Marie		P	GRAZIOLI	OF DEATH	De cembe			19 60
	5. SEX		6. COLOR OR RACE	7. MARRIED 🗓	NEVER MARRIED	8. DATE OF BIRTH	9		Months Day		ER 24 HRS Min.
	Mal	e	White	WIDOWED	DIVORCED	February 20.	1911	49 yrs.	- Duy	5 110015	Mill.
			N (Give kind of warling life, even if retire		F BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Sie	ite or foreign count	iry)	12.CITIZEN	OF WHAT	COUNTRY
	Nep	+ y Des	lener a	7 77/2	reade Mc	Pennsyl	vania .		1.12	SA	
-	13. ғұты	ER'S NAME	, (7		14. MOTHER'S MAIDEN	CAMAN P	. /	(,		
,	NZ	ome	nic &	mayor	le	Maria	- 6 mcl	RUZAR			
	75. WAS	DECEASED EVER	I IN J S ARMED FO	RCES? 18 SOCIAL	SECURITY NO 17.	NFORMANT -	, 0	Addre	155	2	
		20	Tryes, give wer or dones o	am ricej		Leraldin	e L. I	ragio	er (
	18.	CAUSE OF DEA	TH [Enter only one	couse per line far (a), (b), and (c)]			U		NTERVAL BE	
	Ι.	PART I. DEAT	TH WAS CAUSED BY		Br Newer's	relied Til	action	_	,	NSET AND	DEATH
	{	130	DUE T		1						
	Co	nditions, if or	ny, which	/L.\							
	gav	ve rise to in	nmediate ((b)							
		se (a), stating t ng cause last.	ne under-	(c)							
	Z =	PART II OTH	ER SIGNIFICANT CO		UTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1(a	19 WAS	AUTOPSY
0	N N										ORMED?
	CERTIFICATION ON CO.	ACCIDENT WA	S UNDERLYING		OW INJURY OCCURR	ED. (Enter nature of injury	in Port I ar Port II	af item 18.)			
	U (IF E	ITHER, NOTIFY	CAUSE OF DEATI MEDICAL EXAMINER	3							
	₹ 20c. 1	TIME OF INJURY	/ Month, Day, Y	fear 20d INJURY C	OCCURRED 20e. P	LACE OF INJURY (Home, fo	orm, 20f. (City or	town)	(Caun	ity)	(Stote
	20c. 1	Hour a m. p. m.	19		ot while **	octory, street, office bldg.,	efc.)				
			III Necessaria	FI) attended the	e deceased fram	Jan :	1900), ta D	RL-	10/40	that (I) (G1720 Jan
			ed alive an	73		deathaccurred at		e causes and		, , ,	
		SIGNATURE /	ed diive diia	144	<u>√_70% \ quq tuqt</u>	11:00	A.M.	s conses and	J GIF THE GC		b, DATE
		In.	1 to die	4		M.D PHYS.	MED.	STAFF PHYS.			SIGNE
	22c	PHYSIC AN'S	v Mrserak			22d ADDRESS					
		NAME Type)	John L. He	edeman		121 Cathe	dral St.	, Annap	olis, M	ld.	
	23o. BUR	IAL, GREMATIO	N. 235, DATE THER	EOF 23c A	NAME OF CEMETERY	OR CREMATORY	23d LOCATIO	N (City, town, a	r county)	Lato	te)
	(T. REM	NOVAL (Specify)	N. 16.	-1960 Ag	Mury)	Um	napor	les 1	nd	
1	24 FUNE	RAL DIRECTOR	SCILLES SU	no Chan	DDRESS		EC'D BY REGISTRAI		TRAR'S SIGNA	TURE	

may be retain you the hospital or attending physician.

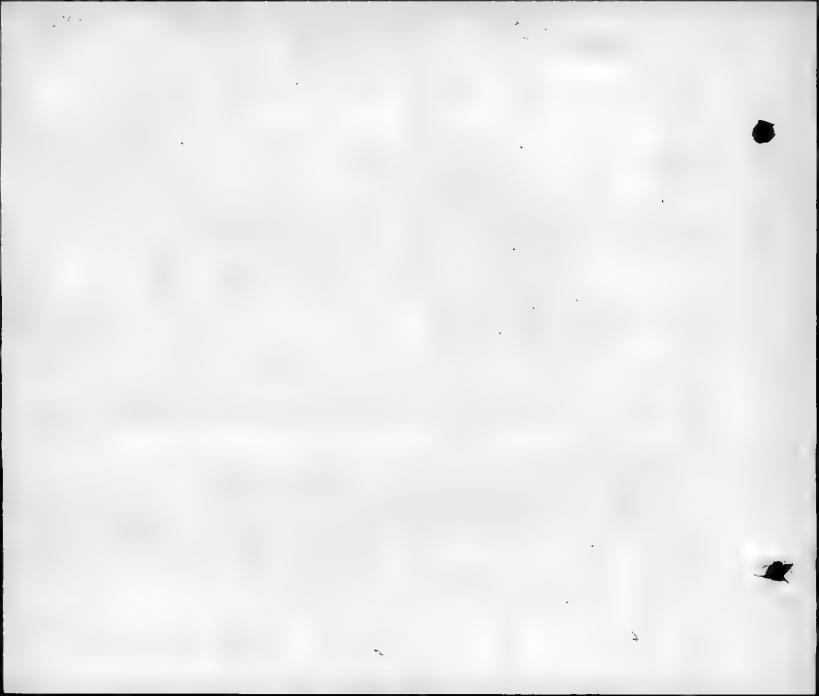
TO FUNERAL Descriptions: After this certificate has been signed by the ottending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Boord of Health prior ta burial, cemation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 15M 9/59

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Magil II

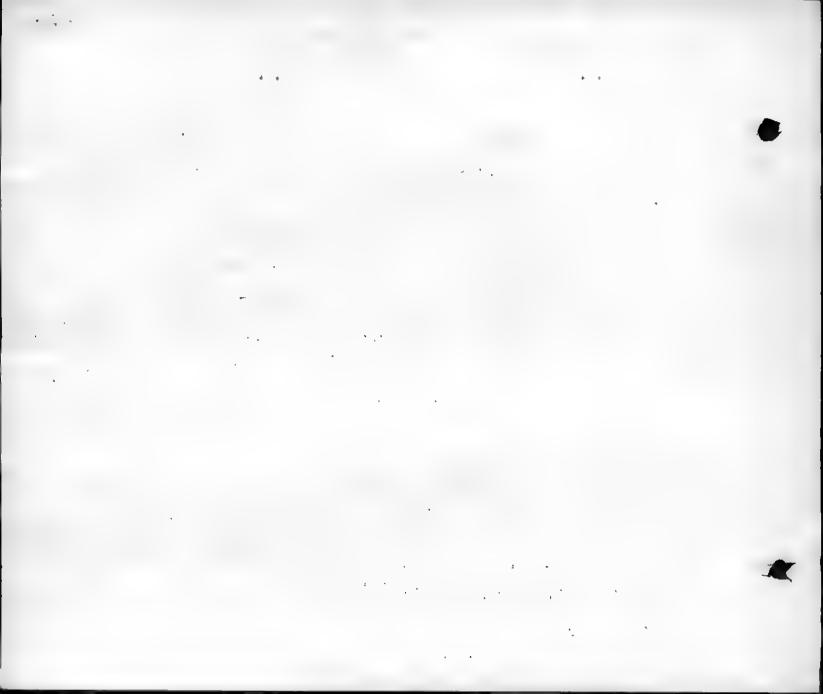


MEDICAL EXAMINER'S CERTIFICATE OF DEATH FilmG2/6 12-11-60 et Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CIDY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY/OR TOWN (If outside corporate/Tipits, write RURAL and give nearest town) ER-INSTITUTION (If not in hospita), give street address) e. IS RESIDENCE ON A FARM? eneral 1400 YES NO NAME OF DATE Month DECEASED (Type or print) DEATH 19 60 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED 1 B. DATE OF BIRTH 30 Months WIDOWED | DIVORCED [100. USUAL OCCUPATION [Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 17. BIRTHEDACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? asketmo Ordane, N 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacquline Webster 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 30-3 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? NON 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of Injury in Port I or Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED \$200. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg, etc.) 12/10 p.m. 1960 MA al work at wark AACO 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that Accident N., Suicide . Hamicide . Undetermined cause . death resulted fram: Natural causes ... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER | SIGNATURE ASSISTANT MEDICAL EXAMINER 126.60 EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 220-NAME OF CEMETERY OR CREMATORY 22d COCATION (City, town, or county) FUNERAL DIRECTOR'S SIGNATURE 246/REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(5) Thur & Frank 081 DATE DEC 8 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



13346

13377 CERTIFIC	CATE OF DEATH
D. PLACE OF DEATH O. COUNTY . MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY
B CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1	Corchard Beach
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 12/0 Deach Bromenad	d. STREET ADDRESS ON A FARM? V2/0/Beach YES NO
NAME OF DECRASED (Type or print) Daisy T. Middle	rillith DEATH DOC 2 60 19
6. COLOR OR BACE 7 MRRIED NEVER MARRIED [WIDOWED DIVORCED	1 /m 21, 1888 (lost birlhdoy) Months Days Hours Min.
Outstal Occupation (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working ite, even if retired)	- Balto med U.S.a.
3. FATHER'S NAME Schrader	14. MOTHER'S MAIDEN NAME
S. WAS DECEASEDEYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 (15 yes, give wor or dates of service,	allen R. Griffith archael Sant
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	na of the classes due on SET AND DEATH
DUE TO	Colony 4 month
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.	Colon 4month
Conditions, if ony, which gave rise to immediate couse (a), stating the under: Value Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Value Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO X
Conditions, if ony, which gove rise to immediate couse (a), stating the under: Variable Continue Contin	PERFORMED?
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO (2)
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work 21 1 certify that (1) (this hospital) attended the deceased from	PERFORMED? YES NO S JRRED (Enter nature of injury in Port I or Port II of item 18.) e. PIACE OF INJURY (Home, farm factory, street, office bldg, etc.) (County) (State)
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUMENT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED with the control of work on the deceased from sow the deceased olive on the control of the deceased from the control of work o	PERFORMED? YES NO DIRECTOR DIRECTOR DIRECTOR STAFF PERFORMED? YES NO DIRECTOR DIR
Conditions, if ony, which gove rise to immediate couse (a), stating the under: Your Part Other Significant Conditions Contributing to Death	PERFORMED? YES NO NO NOTE: PREPARED (Enter noture of injury in Port I or Port I) of item 18.) PLACE OF INJURY (Home, farm 20f (City or town) (County) (Stote) factory, street, office bldg, etc.) The property of the course and on the date stated above. ATTENDING MED STAFF SIGNED
Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH 20b. DESCRIBE HOW INJURY OCCU 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. p. m 19 While of work 20 work 21 certify that (I) (this hospital) attended the deceased from sow the deceased olive on the 22o SIGNATURE 22c PHYS CIAN'S	PERFORMED? YES NO NO NEW JUNEY (Home, farm 20f (City or town) Om July 1955 to July Clearly 21960, that (1) (1) lost of death occurred of July 160m the couses and on the date stated above. M.D. ATTENDING MED STAFF PHYS DIRECTOR DIRECTOR DIRECTOR DATE SIGNED PHYS DIRECTOR DIRECTOR DIRECTOR DATE AND MED DATE

funeral director, su d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DESCROR: After this certificate has been signed by the attending physician and completely filled in bingge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Roges front the State Board of Health priar to burial, cremation, ar remaval, and in any event within 72 habrs after beath. VR A1S (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13348

L		100	, , , , ,									
1	, PLACE OF DEATH a. COUNTY	Anne Arunde	1	ARYLAND	. CT 4 TF	ence (When	deceased lived.	If institution: COUNTY	Residence befo	are admission) andel		
	b. CITY OR TOWN RURAL and give Annapo		STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Annapolis								
	d. NAME OF HOSP OR INSTITUTION	TAL (If not in haspital, give	ve street address)		d STREET AL		4			e. IS RESIDENCE ON A FARM?		
Ai	nne Arundel General Hospital			1322 Bayridge A e., YES NO								
3.	NAME OF DECEASED (Type or print)	Ethel	May May	iddle	HARLE		OF DEATH	Month Decembe		y Year 19 60		
5	sex Female		7. MARRIED NEVER M	_	ctober		last		UNDER 1 YEAR	Hours Min		
10	On USUAL OCCUPAT	ION (Give kind of work do	one 10b. KIND OF BUSINE	SS OR INDUST	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
	Checker	rking the, even it rented)	Dry Clear	ners	Maryland							
13	13 FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	Wa		Maude McCoy									
15	S. WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give wor or dates of ser	(NO 17, INF	ORMANT			Address	Porte:	r Drive			
	n	no	214-05-07	56 Jame	es Dudle	y Phir	ops. Bro	ther- A	dml, H	gts. Anna		
NOTA CRITTON	Canditions, if governise to couse (a), stating lying cause lost	immediate the under. (c). THER SEGNIFICANT COND	DITIONS CONTRIBUTING TO	Usl	Kal				IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES AND		
		G CAUSE OF DEATH	206. DESCRIBE HOW INJU	KT OCCORRED	(Enter nature of	injury is Po	n i or rom ii or	rem to ;				
MEDICAL	5 20c. TIME OF INJU Hour a.m. p. m.	10	T 20d INJURY OCCURRED While Not while of work	facto	E OF INJURY (Form, street, affice	lame, form, bldg., etc.)	20f. (City or to	vn)	(County) (State)		
			awans	ond that de	ATTENDING	11:20 A DIRE	A from the c	rauses ond	on the date	e stated above 22b DATE SIGNED 2/16/60		
2	3g BUR AL, CREMATI	ON. 23b. DATE THEREOF	23c NAME OF	CEMETERY OR			3d LOCATION ((State)		
L	REMOVAL (Specif	yl _					73.1 3					
	urial EUNERAL DIRECTO		1960 All Hal ADDRESS	LOWS		250 REC'D	BY REGISTRAR		Marylan Mar's signatu			
1	fully Hope	1717	-	207.0		DAGEC 2						
	nopping i	uneral Home	Annanoli	S. Co		DARKENS IN	3 00	Carthua	8 Harris			

TO HOSPITAD OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page of may be reformed by the haspital or attending physician.

TO FUNERAL IF CTOR: After this certificate has been signed by the attending physician and campletely filled in the formeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove corban papers. Pages 1 and outd-be filed with the State Board of Health prior to buriof, cremation, or remand, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/S9



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH PLACE OF 2. USUAL RESIDENCE (Where decessed I'ved, if institution; Residence before edmission) a. COUNTY e, STATE b. COUNTY Pag Anne Arundel Same 3. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give nearest town) write RURAL end give neerest town) Linthicum Same d. NAME OF HOSPITAL OR INSTITUTION () not in hospital, give street address) / d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NOT death. 3 to the fun-3. NAME OF First Middle Last 4. DATE Month DECEASED OF the DEATH T (Type or print) "Mithill" e ther 19 Los age 5 me. 1 and 2 with. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours affine pencil in them 18, Give Pages 1, 2 Office along with form PM3, Page done during most of working life, even if retired) Fort Heade Hospital, Md. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joan Sullivan James V. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) ((If yes give were reference) Office along with burial-transit permi r. J.W. Hartung (parents lir. and 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Bud Concenttal beart diseases Sudden IMMEDIATE CAUSE (e) **DUE TO** removal, "pending" gave rise to immediate cause S E DUE TO (a), stating the underlying is the certificate, writing the word "pending forwarded to the Chief Medical Examiner" 92 cause lest. cremation, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NÖ should is the cernical of the Chief Media forwarded to the Chief Media AL DIRECTOR: Page 3 should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inqu'ry and in my opinion Natural causes X Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PUNERAL DEPUTY MEDICAL EXAMINER should be EXAMINER'S Gustave F. Faubert, M.D. DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d, LOCATION (City, town, or country) REMOVAL (Specify) Dec. 1960 Burial Lakeview Cemeterv Jamestown. New York Q 4 Q ADDRESS 246. REGISTRAR'S SIGNATURE Vs. A15ME Glen Burnie, MarylandoAtt 5M 769

MARYLAND STATE DEPARTMENT OF HEALTH

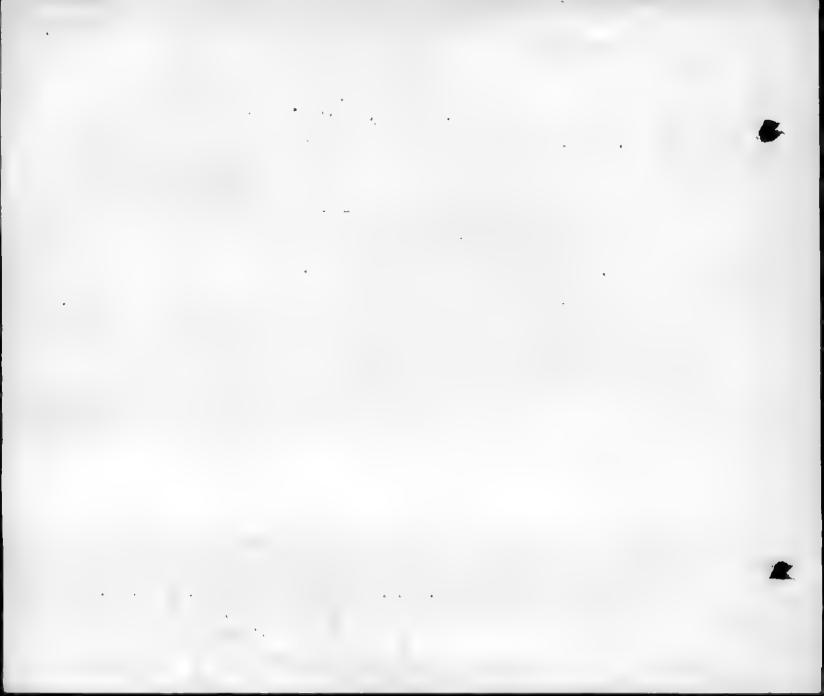


	-4	9975	IOIV OF	CERTIF	ICA	TE OF DEATH		MARTLAND	1	333	0
a, COUNT	Arunde	ਹੋਰੋ∤ਰੇ 1		MARY	LAND	2. USUAL RESIDENCE (WI	here decease	b, COUNTY		fore admissi	on)
b. C TY OI		utside corporate lim	ts, write	c LENGTH OF STAY	IN 1b	CITY OR TOWN (IF		_	URAL ond give n	earest lown	
Odento or INS	OF HOSPITAL	United St	ive street ates	Army Hospi	tal	Ft. George d street address 7311-E Ge				e IS RESI ON A YES	FARM?
NAME OF DECEASED (Type or p)	Fi	et VA	Middle MARIE		Hartwig	4. DATE OF DEATH	Mor 1 12		-,	ear 9 60
sex Femal	1	Cau	7. MAR WIDOW	RIED NEVER MARRII	-	B. DATE OF BIRTH		9. AGE (In years lest birthday)	Months Days	-	R 24 HRS Min 5
Da. USUAL C during m	OCCUPATION nost of working	(Give kind of work g life, even if retired	dane 10b.	KIND OF BUSINESS C	R INDL	STRY 11. BIRTHPLACE (Stole	or fareign	country)	12.CITIZENO USA		OUNTRY
FATHER'S		Hartwig				Mary E. Hur					
S. WAS DEC		N U S ARMED FOR		SOCIAL SECURITY NO		nFORMANT ather 7311-E	Ga mo	Add	o G. Mead	e, Md.	
Conditing ave to couse (couse	tions, if any rise to imm a), stating the ause lost.	nediate DUE TO)			re s Syndrome	INAL DISEA	SE CONDITION GI	VEN IN PART 1(a)	PERFO	NUTOPSY RMED?
OR CON	CIDENT WAS	maturity UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRI	ED. (Enter nature of injury in	Part 1 or Pa	rt II of item 1B.)		YES [4	ио □
	OF INJURY	Month, Doy, Ye	or 20d. ! While at wo			LACE OF INJURY (Hame, farm actary, street, office bldg., etc		ly or town)	(Coun)	γ)	(Stote
saw the 22a SIG	e decease	alive an) attended to the state of the	benson	that	22d. ADDRESS	M, fram	the causes a	nd on the da	11 De	,
BUL	CREMATION, AL (Specify) DIRECTOR'S	DATE THERE		23c NAME OF CEM ADDRESS		an Nath	D BY REGIS	60.	or county)	(State	ica.

TO HOSPITAL OF ITTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DESCRIOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and and be detached far use as the buriol, cremation, at removal, and in any event, within 72 hours after death.

VR A15 (4) (15M 9/59)



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13401

13351

-			_									
	PLACE OF DEATH a. COUNTY Anne Aru	ndel		MARY	AND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o STATE Maryland Baltimore City						
	RURAL and give no Crownsvi				и 1b ауз	c. CITY OR TOWN (If a Baltimore d. STREET ADDRESS	outside corpo	orote limits, write R	RURAL ond 9	5 1-	esidence	
	OR INSTITUTION	lle State I				703 N. Mor	unt St	reet		10	NO A	
3	NAME OF DECEASED (Type or print)	Fire		Middle		Addie	4. DATE OF DEATH	Mor 12		Day 21	Year 19 60	
5	Female	6 COLOR OR RACE	7 MAR WIDOW	RIED NEVER MARRIE		1883?		9. AGE (In years last birthday) yrs.	Manths	Days Hau	NDER 24 HRS	
	JSUAL OCCUPATION during most of work Domestic FATHER'S NAME	ON (Give kind of work of ling life, even if retired)	lone 10b.	KIND OF BUSINESS OF	INDUS	North (Caroli			.S.A.	TCOUNTRY?	
13	Unknown					Dollie Jo		avis				
{Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or dates of si	BEA1CB)	SOCIAL SECURITY NO.	., .	FORMANT Nospital Reco	rds	Add	lress			
NO.	Conditions, if or gove rise to it cause (a), stating lying cause last.	the under-) (lero roti				VEN IN PART	1(o) 19. W/	AS AJTOPSY	
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of injury in	Part 1 or Po	rt (t of item 18.)			REORMED?	
MEDICAL	20c TIME OF INJUR Haur o m. , p. m.	Y Month, Day, Yes	While			CE OF INJURY (Home, form tory, street, office bldg., etc.		y or town)	(C	ounty)	(State	
	saw the deceas	1111) often 12/2	ded the deceosed	from that d		52 .to 15 M, from	12/21 the couses or			ed above	
	22c PHYSICIAN'S	Mun	W	h		ATTENDING M	NED.	STAFF PHYS.		12	225 DATE \$1GNEE /22/60	
	NAME (Type)	L. Benedi	ct,	M. D.			lle Si	tate Hosp	ital,	Maryl	and	
	BUR AL, CREMATIO REMOVAL (Specify) Burial			23c NAME OF CEME		n Cem.,	I	Saltimor	e, har	yland	State)	
24.	FUNERAL DIRECTOR	S SIGNATURE	010	ADDRESS 6	78	191	'D BY REGIS		ISTRAR'S SIG			



1	1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Where de o. STATE Maryland	eceased lived. If institution Resident b. COUNTY 1 mm	ce before odmission) ne Arundel
			1		
7	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and g	give nearest town;
	Annapolis	7 days	RURAL - Seve	erna rark	e IS RESIDENCE
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON			D 1	ON A FARM?
	Anne Arundel General Hosp	ital	Cypress Creek		YES NO
	3 NAME OF First	Middle		OF _	Day Year
	(Type or print) Howard	m	TIELLE	December	13 19 60
	S. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	lost birthday) Manths	Doys Hours Min.
	Male White WIDOW		January 22, 1909	9 51 yrs	
	10a. USUAL OCCUPATION (Give kind of work done 10b upring most of walking lifes even if retified)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or for		ZEN OF WHAT COUNTRY
	Cement tursher	Name of the last o	Maryland		J.S
	13. FATHERS NAME	4	14 MOTHER'S MAIDEN NAME	1	
	Oscar 9. Ha	40	Lucius	Ka_	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO	SOCIAL SECURITY NO 17 IN	FORMANT	Address	
Ì	1/0 - 10	31.5 248609	Tamely	Elleva	
	1B. CAUSE OF DEATH [Enter only one cause per l	ine far (a), (b), and (c).	/ .		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1 commend branch	ho kneumences		2 doys.
Ì	DUE TO	Δ			, ,
	Canditions, if any, which) (b)	Phyllined ver of h	agent Verres		week,
	gave rise to immediate couse (a), stating the under DUE TO	0 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 '	4		C 10
	lying couse last. (c)	Cerrhous of les	re(3-10 years.
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PAR	T I(a) 19 WAS AUTOPSY PERFORMED?
	3 ALCOH	OLISM			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS A L C 14 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I	or Part II of item 18.)	
			ACE OF INJURY (Home, farm, 20)	f. (City or town) {(County) (State
	Haur a.m. p.m. 19 at wa	e INDI WILLIE	indig article blogs, order		
	21. I certify that (I) (this hospital) atten	ded the deceased fram	Dec. 6. 1960	to Dec. 13. 1960) that (1) (3/2/Clas
	saw the deceased alive an Dec. 1				
	220 SIGNATURE D	1	12:40 P.	M.	22b DATE
	Gerard 6 Ture	h,	M.D. PHYS. WED. DIRECTO	OR PHYS.	12/13/60
	22c. PHYSICIAN'S		22d ADDRESS		12/10/00
	NAME (Type) Gerald Church		121 Cathedra	1 St., Annapolis,	Md.
	230 BYRIAL CREMATION, 236 DATE THEREOF	23c NAME OF TEMETERY OF	R CREMATORY 23d	LOCATION (City,/town, or county)	(Stote)
	134MOVAL (Specify) 12-16-66	$1 \mid n \mid l \mid l$	ven Cem1	Kon Burnie	, hule.
	24. FUNEJAL, PIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY	REGISTRAR 25b. REGISTRAR'S 510	GNATURE
	Kobert S. Dana	Lo serem	DATE DEC	1 9 '60 Cirthing 2	& Krown

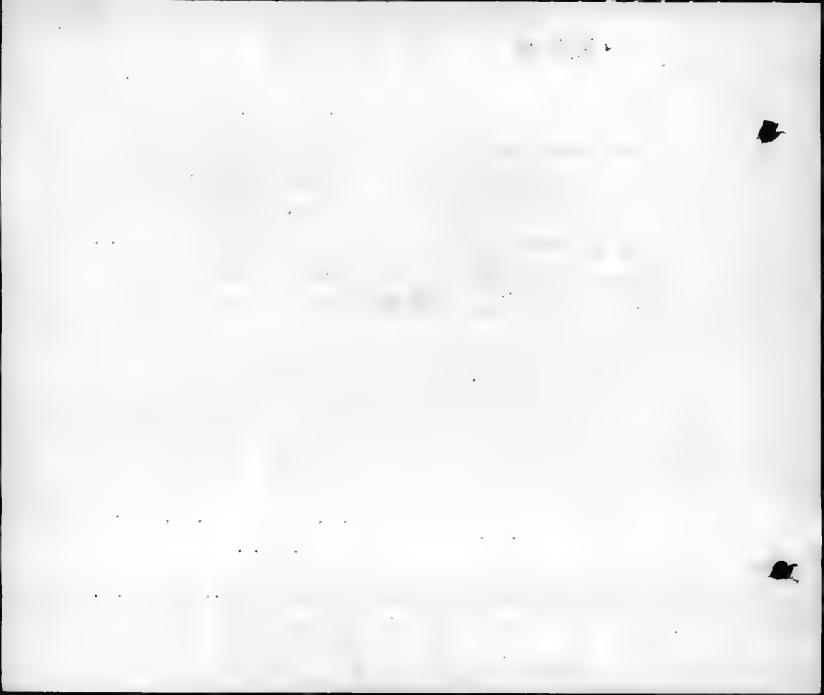
ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

funeral director, P. # 2 1

TO HOSPITAL L'AJATINATING FHYSICIAN: The law requires that the death certificate be executed within 24 hours may be rebain by the hospital at attending physician.

TO FUNERAL D'ACCTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 3 the State Board of Health priar to burial, cremation, ar remavol, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13378 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY o. STATE COUNTYA Md. MARYLAND death. era b. CITY OR TOWN (If outside corporate limits, write þe c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town Beach Riviera Beach Т d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 209 Hilltop Road 209 Hilltop Road .5 NAME OF Middle 4. DATE OF Lost 12/20%0 filled DECEASED EDWARD W. HEALY (Type or print) within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX B. DATE OF BIRTH IF UNDER 1 YEAR! IF UNDER 24 HRS 9. AGE (in years los pirthdoy) Months 9/25/96 complet WIDOWED | DIVORCED | popers. executed 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working ife, even if retired) Upholsterer U-S-C-G- Ret-Md. and carban requires that the death certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Catherine Smith Edward Ma mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes, give yor-os-doles of service) Family - Same attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: **DUE TO** 6 permit. Conditions, if ony, which been signed gove rise to immediate DUE TO couse (o), stoting the underand **burial-transit** lying couse last. physician PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? removal, attending phy 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port + or Port II of item 18) certificate 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED MEDIC / factory, street, office bldg., etc.) While Not while at wark of wark n m 19/20, ta flex. 19, 19/2, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at_____M, fram the causes and on the date stated above. Poc. he RECTOR: ACTUAL priar SIGNATURE Any be re.
FUNERAL DIN.
Te 3 shauld b PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

page 10 VS A1S (4) 15M 9/58

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

McCully - I30 E. Fort Avenue

240 REC'D BY REGISTRAR

Baltimore National

24b. REGISTRAR'S SIGNATURE

Baltimore

DEC 2 3 '60

C. Thung S. House

(County)

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

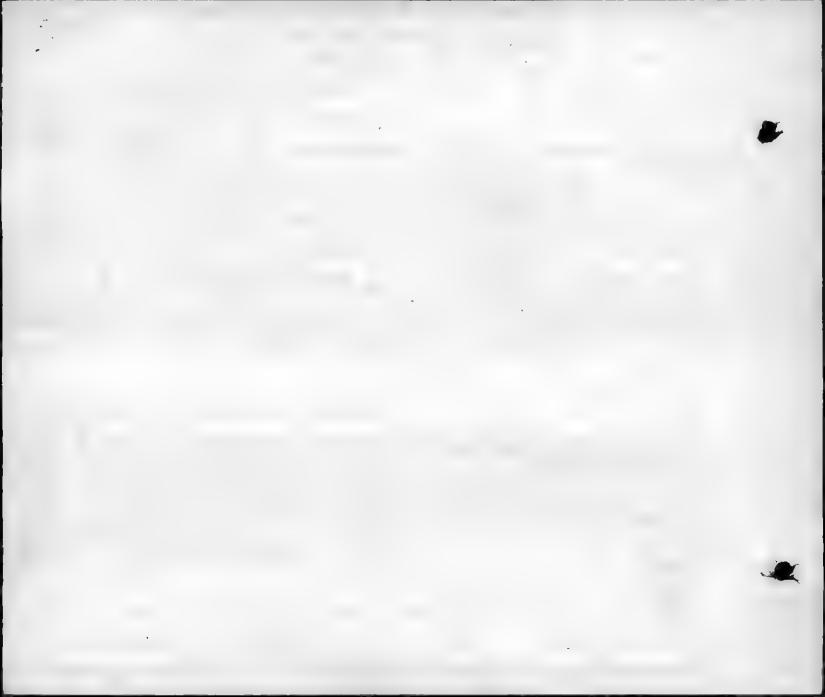
YES NO

(Stote)

(Stofe)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



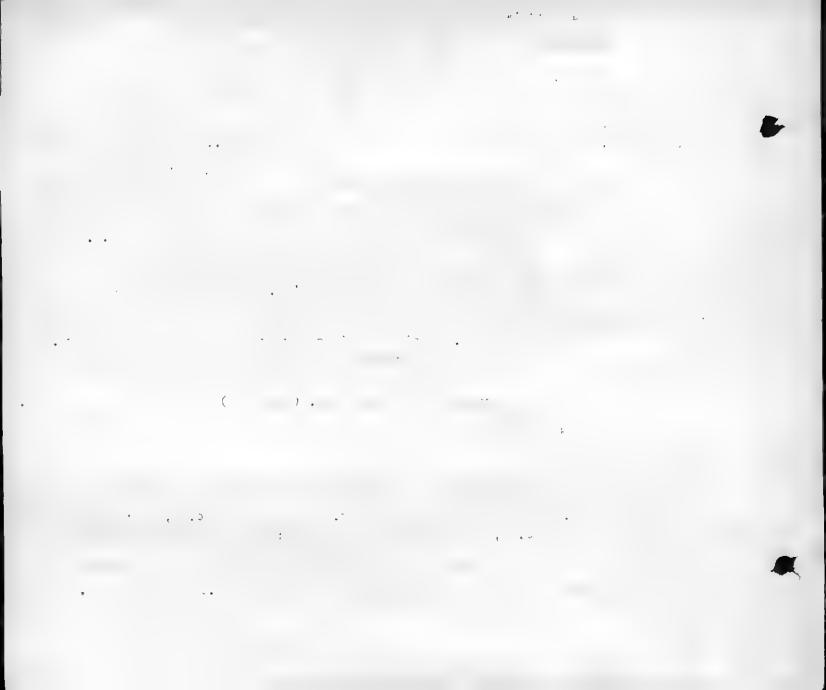
	2011		
	Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Resider o. STATE Maryland b. COUNTY And	nce before admission) ne Arundel
ib	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION (Dead on arrival) Inc Arundel Genera I Hospital	d STREET ADDRESS 207 Lockwood St.	e. IS RESIDENCE ON A FARM? YES NO
E	IAME OF First Middle BECEASED Type or print Madeline GROLZ	HEROLD 4. DATE Month OF DEATH December	Day Year 4 19 60
	male White WIDOWED DIVORCED	November 9, 1896 (day yrs Months)	Pays Haurs Min.
	JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDIduring prost of working life, even if retired) ### ### ### ########################	New York	U.S.
)		INFORMANT Address	
(765,	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	NTHONY HEROLD -	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) gen. carcinom	natosis c cerebral	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	east rt. (resected)	18 mo
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		RT 1(0) 19 WAS AUTOPS' PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR ON TRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enler nature of injury in Port I or Port II of item 18.)	
MEDICAL		LACE OF INJURY (Hame, form, 20f. (City or town) actary, street, office bldg., etc.)	County) (State
	21 I certify that (I) (NOCOSSINIO) attended the deceased from saw the deceased alive an Dec. 3 180. , and that		
	22c PHYSICIAN'S	M D PHYS DIRECTOR STAFF 22d ADDRESS 120	1/6/60 SIGNE
22.	NAME (Type) Samuel Borssuck	Amos Garrett Blvd., Annapolis	
201	BURIAL CREMATION, 236 DATE THEREOF 236, NAME OF CEMETERY OF THE LINE OF THE LINE OF THE PROPERTY OF THE PROPER	Ohn PRIVE GEORGE	Co. (Stole) HD
10	unieral director, s promature () address	Mal 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SI	

funeral directar,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 TO HOSPITAL & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by pame 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 havrs after death.

VR A15 (4) 15M 9/59



d be	1)		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Di	st. No. 13356
4 shouls	(1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Reside b. COUNTY	nce before admission)
Poge Poge		l	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest fown)	give nearest town)
y is nector.	X	L	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RES DENCE ON A FARM? YES NO
unarol or your fi	T	3.	NAME OF DECEASED (Type or print) JAMES. First Middle Lost 4. DATE OF DEATH /2	Doy Year 3/ 19 60
th. If on the fined for ith the r	7 1	S. 5	WIDOWED DIVORCED 1/. P. 1 A) 1 30 yrs.	TYEAR IF UNDER 24 HRS. Days Hours Min.
ond 3 ond 3 be reta		100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if retired)	ZEN OF WHAT COUNTRY?
hours of		L	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME	
thin 24 Sive Pog File p			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT Address Address	***************************************
uted win 18. Corm PM3 permit.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Drowning	INTERVAL BETWEEN ONSET AND DEATH
be exected in the with for I-tronsit	Y		Conditions, if ony, which (b) gove rise to immediate couse	
shauld in penc e olong o burid		_	(c), stoting the underlying DUE TO	
inficote ading: 's Office used os	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
This cer and "per and be		AL CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Port II of item 18.) Fell overboard from own oyeter boat	
MINER: I the wo edicol E	*	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, fectory, street, office bidg., etc.) While Not while of work Control of work Control Chesaveake Bay A.A.	niy) (Stote)
Writing Writing Thief Mc			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry death resulted from Vatural causes . Accident . Suicide . Hamicide . Undetermined couse .	y 🔲, and find that -
ate of DIRECT			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
DEFETY Life the c. brworded FUNERAL r removal.	v 1		EXAMINER'S F. L IN HAZIVA . DEPUTY MEDICAL EXAMINER D	12/31/co
cute forw TO FUI			BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county)	(Stote)
VS. AISME(S) 5M 9/55	ď	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG DATEAN 9 '61 Contain 8. For	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	134	1)4	CERTIFICA	ATE OF DEA	ATH			51.00		
PLACE OF DEATH	e Arundel		MARYLAND	2. USUAL RESIDEN		sed fived. If institute b. COUNTY		before odm	/	
b CITY OR TOWN	(If autside carporate lim	its, wrîte	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Sandy Springs						
d. NAME OF HOSE OR INSTITUTION CTOWNS V.	PITAL (If not in hospital, i	ive street o lospit	al	d. STREET ADD Unknown		15	x-2		ESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)		ward	Middle	tast Hopki	1. DATE OF DEAT	7.0		19	Year 1960 •	
S SEX Male	6 COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED	8 DATE OF BIRTH	86	9 AGE (In years lost by thday) yrs	4	YEAR IF UN Days Haur	- 1	
100. USUAL OCCUPAT during mast of we LABOTET	PON (Give kind of work orking life, even if retired	dane 105, i	(IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE		country)		S.A.	COUNTRY	
13. FATHER'S NAME Lewis Ho	pkins			14. MOTHER'S MA						
15 WAS DECEASED EN	VER IN U. S. ARMED FOR		ocial security no 17.	Hospital I	Records	Add	ress			
18. CAUSE OF D PART 1. Di Canditions, if gave rise to cause (a), statu	DUE TO	Chr	e for (o), (b), ond (c).] ardiac Failur onic Brain Sy diovascular E	ndrome ass	. with H	ypertensiv	7 0 -	INTERVAL ONSET AN	BETWEEN D DEATH	
200 ACCIDENT V	THER SIGNIFICANT CON VAS UNDERLYING IG CAUSE OF DEATH		ONTRIBUTING TO DEATH BU				'EN IN PART	1(o) 19 WA PERI YES	S AUTOPSY FORMED?	
ZOC. TIME OF INJU		ar 20d IN While at wark	Not whiles	PLACE OF INJURY (Han factory, street, office bl		ily ar town)	(Co	ounty)	(State	
	ased alive on 12	/19	lel	M.D. ATTENDING [22d. ADDRESS	MED. DIRECTOR	n the causes an	nd an the	12/19/	od abave	
23a. BURIAL, PREMAT	ON, 235, DATE THERE			OR CREMATORY		ATION Gity, town,		746	pte)	
24 AVINERAL DIRECTO	OR'S SIGNATURE	an	ADDRESS	29	DEC 3 0	STRAR 255. REGI	STRAR'S SIGN	HATURE		

DATE



Then please remave carbon papers Pages and in any event, within 72 hours ofter death.

TOWN.	CALL OF DEATH
1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
o. COUNTY Anne Arundel MARY	AND Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY I	
RURAL and give nearest town) Annapolis	10,89 MAIN ST.
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	ANNAPOLIS YES NO I
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) SARAH JANE	HOWDERSHELT December 22 19 60
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIE	lost birthday Months Days Hours Min
Female White WIDOWED KK DIVORCED	□ November 15, 1875 85 yrs
during mast of working life, even if retired) AUDITION (Give kind of work dane)	
HOUSEWIFE DOMEST	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUAL MONTGOMERY	UNFROWN
(at, no, or unknown) (If yes, give wor or date: of service) 16. SOCIAL SECURITY NO.	17, INFORMANT Address
	MES THOMAS H. G-ROSE #2
18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Closured	we jourded 10 da
DUE TO	1- 0 -
Conditions, if any, which gove rise to immediate	- of cyptu dent / hud,
cause (a), stating the under-	0 /
lying cause lost. (c)	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY
O Part To The Control of the Control	PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 200 ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OF OR CONTRIBUTING TO DEA	CURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	Control (Control of Supris Control of Supris Con
	20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State factory, street, affice bldg , etc.)
Hour o m p. m. 19 While Not while of work at work	
21. I certify that (i) (shisshes exited) attended the deceased if	ram. Dec. 14, 1960, to Dec. 22, 1960, that (1) (961 las
	that death accurred atM, from the causes and on the date stated above
224 SIGNATURE	4:30 A.M. 226 DATE
Lichard Veren	— M D ATTENDING MED DIRECTOR □ STAFF □ 12/22/60
22c PHTS.CIAN'S NAME (Type)	22d ADDRESS
Richard N. Peeler	121 Cathedral St., Annapolis, Md.
PEMOVAL (Specify)	TERY OR CREMATORY 23d, LOCATION (City, town, or county) (State)
BURIAL 12-24 -1760 HILLERI	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
FUNERAL DIRECTOR'S S GNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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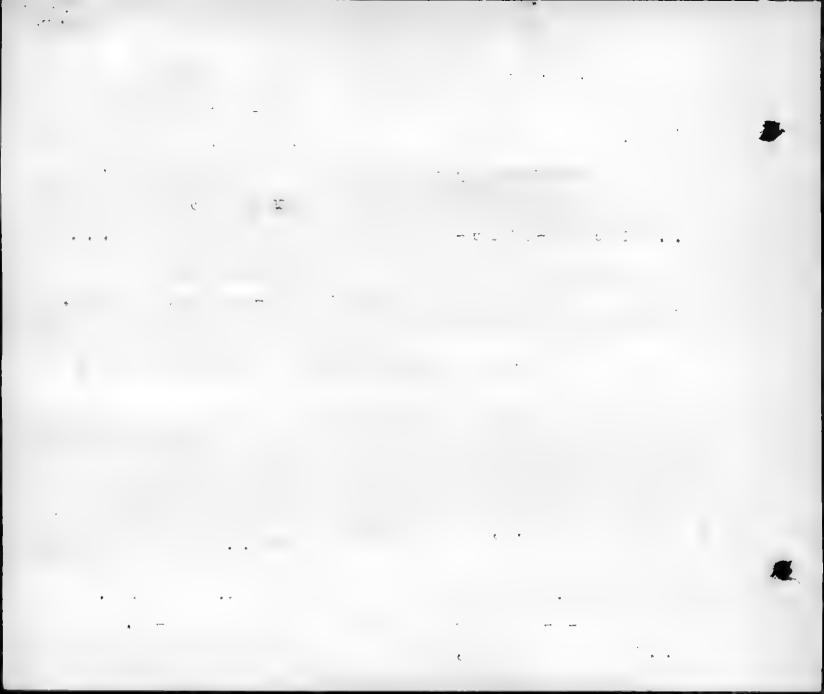
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TO HOSPITAL

VR A1S (4) 1SM E/S9

1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLANI	O STATE	Maryl	e deceased lived. and	COLINITY	Residence t		
	f outside corporate timits, write	c. LENGTH OF STAY IN 1	b c. CITY OR T	OWN [If outs	ude corporate lim	its, write RUR	AL and give	nearest tow	vn)
RURAL and give ne		2 dorse	30	DITRAT	- Sever	no Pan	10		
	DOLIS AL (If not in hospitol, give street	3 days	STREET A		- Devel	Her - err	r.	To IS DE	SIDENCE
OR INSTITUTION	AL (It not in nospilo), give sireei	o ouress)	il					ON.	A FARM?
Anne Arunde	<u>l General Hospi</u>	tal	Rt	-1, B	0x-410			YES] NO []
3. NAME OF DECEASED	First	Middle	Las	4	OF ID	Month		Doy	Yeor
(Type or print)	*****	Rayfield	JACKSO	N i	DEATH De	cember		7	19 60
S. SEX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	4			F UNDER TY	EAR IF UND	DER 24 HRS
Male	Nekre widow	= -	May 16.	11885	lost	hirthdoy\	Months Do	ys Hours	Min
100 LISUAL OCCUPATIO	ON Core had of week done 10h	KIND OF BUSINESS OF IN		ACE (State or	foreign country)		112. CITIZEN	N OF WHAT	COUNTRY
U S Naval	Academy - Labor	res - retired		ryland	, , , , , , , , , , , , , , , , , , ,			S.A.	
19. FATHER'S NAME	•		14. MOTHER'S	MAIDEN NA	ME				
Andrew J	ackson		Lo	wise K	elly				
	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	, INFORMANT			Addres	s		
(Yes. no, or unknown)	[If yes, give war or dates of service]	None	Irene Will	i amson	-Box 430	Sever	ma Pa	rk Md	
No			A4 0430 11A44		- 2000				
	ATH [Enter only one couse per I	ine for (a), (b), and (c)	· 1.	, 11	F 10.			INTERVAL B	
PART I. DEA	TH WAS CAUSED BY:	in entre	919	- James	to charc	. 0.			
5.6/	S DUE TO	13 1721	,- 1		0.			1	
Conditions, if a	ny, which I as 15-	wil Cifi	True Vi	W 15	- F. 50	V 777 16	22.6	'/	
gove rise to i	mmediote (_1	A	1 7				-	
Couse (a), stating lying couse lost	the under-	ELENGEN.	JACO d	41	2 1 4	· il			
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINA	al disease cont	DITION GIVE	IN PART 1	(o) 19. WAS PERF YES I	ORMED?
20g. ACCIDENT WA	S LINDERIVING TI 206 DE	SCRIBE HOW INJURY OCCU	PRED /Enter police o	finiumy in Po	et Lor Port II of a	tem 1B)		11.3 62	J 110
	CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW HOOK! OCCO	KKED. JEINER HOTOTE G	i injury in 70	M TOT COTT OF T	1011			
20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yeor 20d.	INJURY OCCURRED , 20e.	PLACE OF INJURY	Home, form,	20f. (City or tow	n)	(Cou	inty)	(Stote
Hour o.m.	19 of wo		foctory, street, office	bldg., etc.]	l I		,		
		<u> </u>	17-5	20	. / \	- /	$\frac{G(\zeta)}{G(\zeta)}$		4
21. I certify the	it (I) (# 영영경우 인614 atten	ded the deceased fra	m	12	,.1a	·		, that (l)	
	sed alive on Dec. 7	19 <u>6</u> 0, and the	at death accurred	1 at1	A, fram the c	auses and	on the d		
220 SIGNATURE	1 1200		ATTENDIN	8:20 MED		EE		2	22b DATE S-GNED
L'0 1	1. (14-34)	<u></u>	M D PHYS	DIRE	CTOR PHY	s 🗆			
22c. PHYStCIAN'S NAME (Type)			22d ADDR	ESS					
	Aris T. Allen		62 Ca	thedra	1 St. A	nnapol	is. M	d	
23a BURIAL CREMATIC	N. 236 DATE THEREOF	23c NAME OF CEMETER			3d LOCATION (C				ote)
BUILD & (Specify)		Carpenters			Severna			,	
24. FUNERAL DIRECTOR	<u> </u>	ADDRESS		750 PECID	BY REGISTRAR	25b. REGIST		ATURE	
C.E.Hicks		olis, Marylan	kd	DATE DE	C 1 4 '60	236. REGIST	illur S.	Trans	

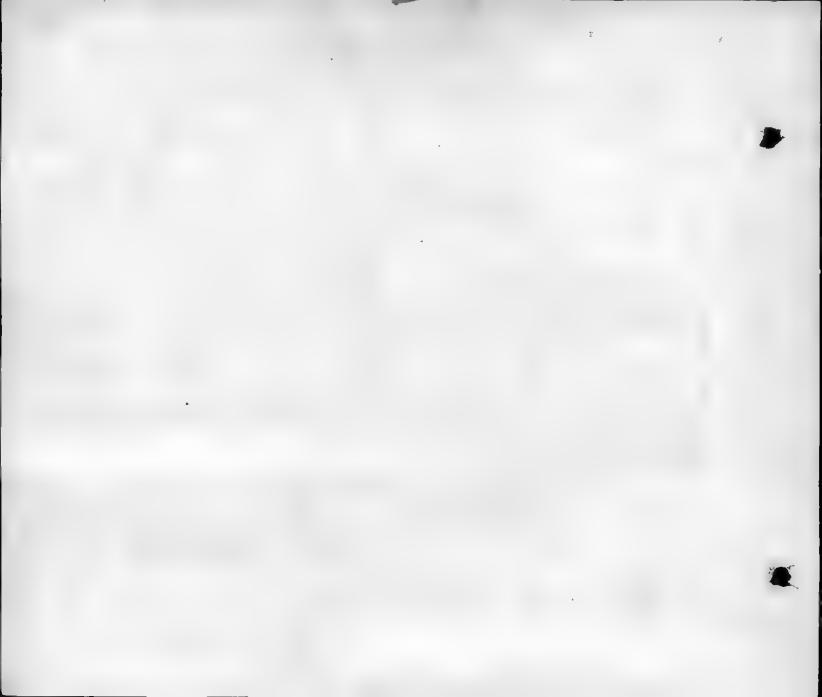
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after death. Page

executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) I5M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13356 CERTIFICATE OF DEATH

13361

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. 15 institution. Residence before admission) o. STATE) AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. 16 institution. Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest lawn)	
d NAME OF HOSPITAL (Ilfroi in hospital, give street address) OR INSTITUTION OF A PRINCIPLE THE THE THE PRINCIPLE ON A FARM? YES NO S	7
3. NAME OF DECEASED (Type or print) Elizabeth Advisor DEATH 12 3/ 196	0
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 7 SEX 16. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years lost birthday) yrs Windows Days Hours Min	ī
106 USLAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 13 AUGUSTA	(Y?
13 FATHER'S NAME Charles Green Green Tame Johnson	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 12-INFORMANT Address (If yes, give wor or dates of service) (If yes, give wor or dates of service)	St.
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c), A TOX IN A COUNTY OF COURSE AND DEATH	
Canditions, if any, which gave rise to immediate cause (a), stating the under-	0
lying cause last. (c)	_
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Manth. Day, Year 20d INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at work at work.	ite)
21 I certify that (I) (this haspital attended the deceased from 1900, that (I) (we) losaw the deceased alive an 1900, and that death accurred at 0.7 M, from the causes and an the date stated above	
220 SENATURE MD ATTENDING MED STAFF S GN	
22c PHYSICIAN'S NAME (TYPER) RICHARDSON MID 100-clay foot Cumples	2,
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (23c DECATION (City, toyrn, or couply) (SMIE)	
The fundamental or a signature address address and the signature of the si	

**TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the haspital an attending physician.

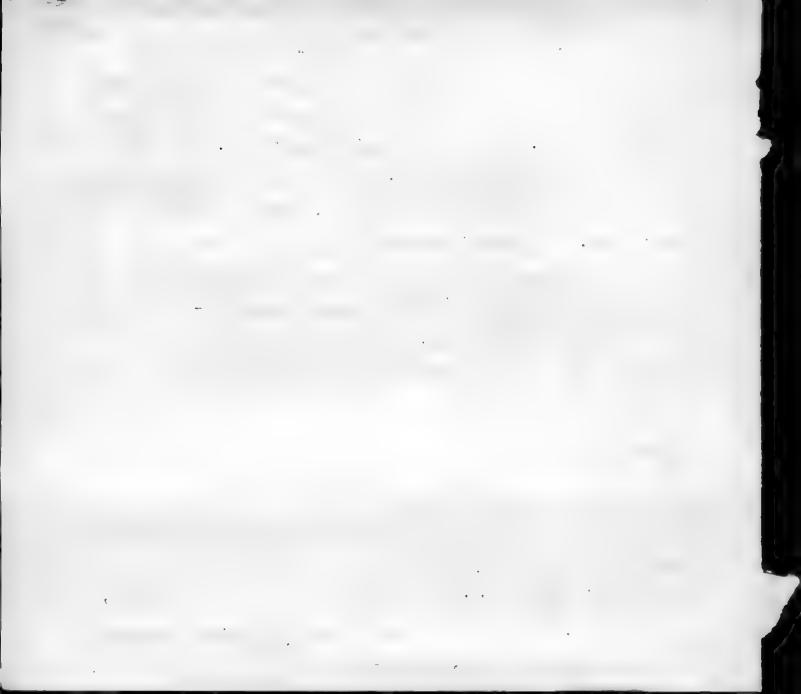
**TOR: After this certificate has been signed by the altending physician and completely filled in by be detached far use as the burial-transit permit. Then alease remave carbar/assesses. Pages 1 c

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TO HOSPITAL

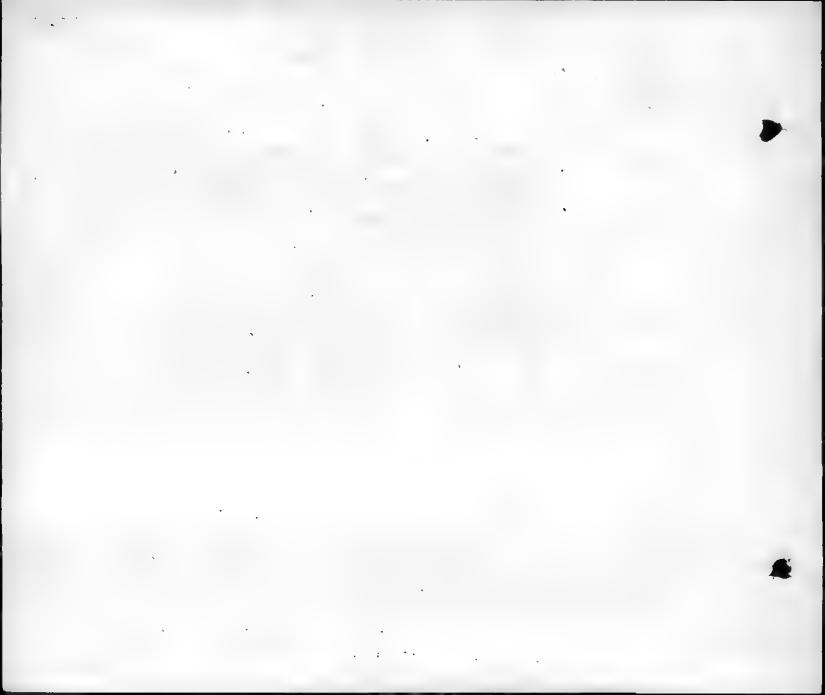
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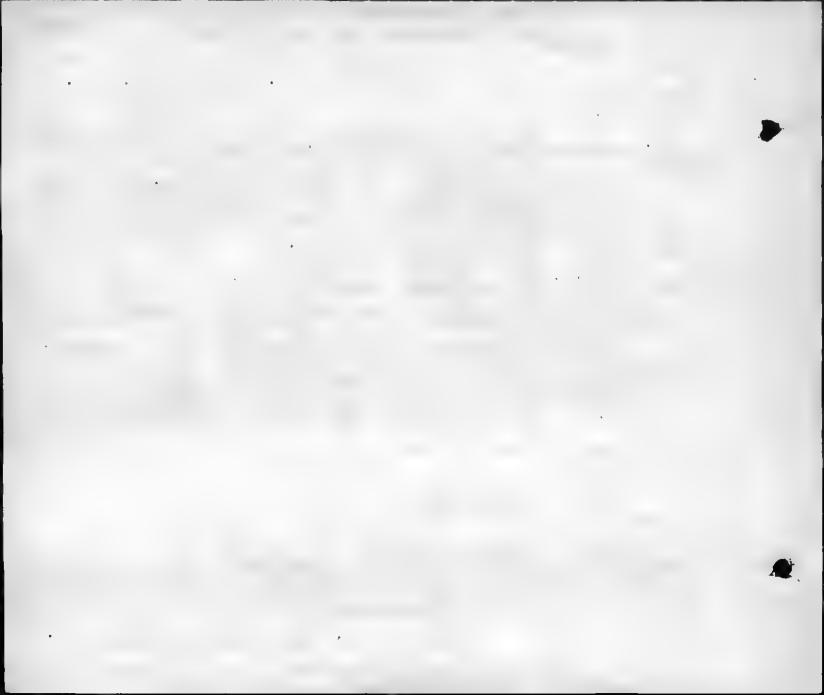


certificate

that

requires





Annapolis, Maryland

DATE DEC 1 4 '60

VS. A 15ME(5) 5M 9/55

C.E.Hicks

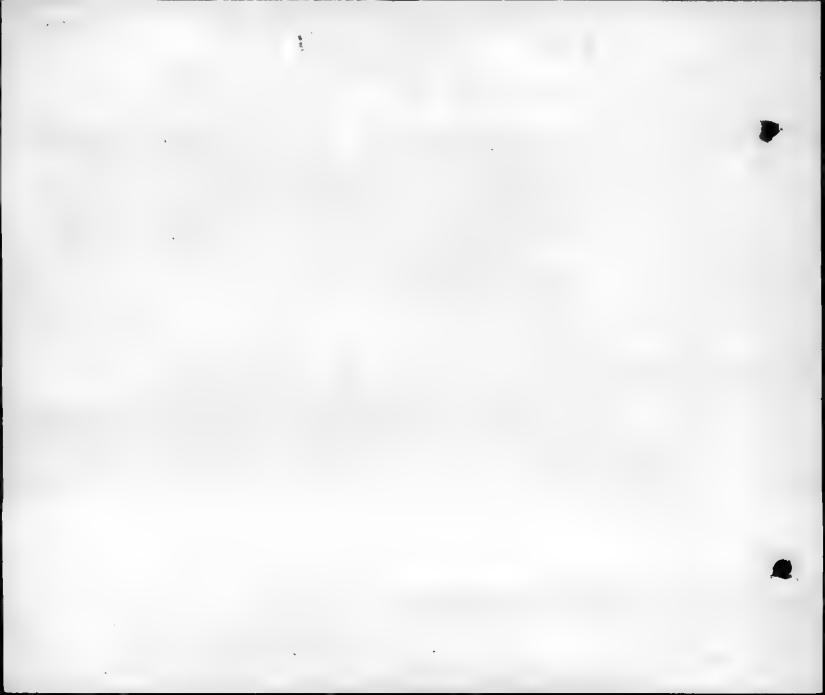
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2	-	10	nds.	the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.
THE HOLLIAL OR ATTENDING MHYSICIAN: The taw requires that the demit certificate be executed within 24 hours after death. Page 4	A	9/5	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and muld be filed yuth	

		TOTOL	CERT	IIICAIL	OI DEATI	1			
1, PLACE	OF DEATH	,		2.	USUAL RESIDENCE (Y	Vhere deceased live		sidence befare	admission)
0.00	AM	40 AM	PUNDO LMA	RYLAND	mx	RULA	b. COUNTY		
b. CIT	Y OR TOWN (If out	side corporate limits,	write c. LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (II	aviside/carporate l	imits, Write RURAL	and give near	est town)
1 Vh	166-0R	SUILLE	2 about 1	10 mars	Ball	timase	26 -	7	101-
a. NA	ME OF HOSPITAL (I	f not in hospital, give	e street oddress)	11	d. STREET ADDRESS	. 5 0.		- C2°	. IS RESIDENCE
4.7	12	nelleve	of nursen	Home	_ 161	18 4	PRES	5211	YES NO A
3 NAMI DECE/ (Type	E OF ASED ar print)	STE	LLA (Ester	Le) L	ADNER	4. DATE OF DEATH	nec.	2 4	Year 1960
S SEX	ARL 6.1	1.21100	MARRIED NEVER MAI		ATE OF BIRTH	1886 9. A	GE (In years IF UN st birthday) Man		Hours Min.
		Give kind of work do	ne 10b. KIND OF BUSINESS		-//	le or foreign caunity		CITIZENOFY	MHAT CQUINTRY?
Hos	ng most of working I	life, even if retired)	at Hom	<u> </u>	Cham	rauna.	gel.	415	ell,
13. FATH	ER'S NAME	0 6	70'0-	7.	. MOTHER SMAIDEN	NAME ()	- 1	10	
	-01 On	nuel	Lingling		gad	ce IV-C	untras	ar	•
15. WAS [Yes_no, o	DECEASED EVER IN r unknown) (If yes	U. S. ARMED FORE	S? 16. SOCIAL SECURITY	NO, 17 INFOR	MANT	1 1	Address		CCA.
0	6		A20-05-	ケメス	10-110	ロトート	TRAN	1e/20 1) BMe
18.			e per line far (a), (b), and	(c).]			(Son	NTER ONSE	RVAL BETWEEN
	PART I. DEATH V	VAS CAUSED BY MEDIATE CAUSE (a)_	17erding	HO (N	EUMOWI	4 -		4	doys.
	ヨコノン	DUE TO					_		U
	nditions, if any,		CER	BRO	VARCULA (1 1150	: N5 6	4	meulls
	ve rise to immerse (a), stating the s			-					
 	ng cause last.	(c)_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
5	PART II. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NO	FRELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN		PERFORMED?
<u> </u>			***						YES NO
OR (ACCIDENT WAS UP CONTRIBUTING () (EITHER, NOTIFY MED	CAUSE OF DEATH	%. DESCRIBE HOW INJURY	OCCURRED. (E	nter nature of injury i	n Part I ar Part II a	t item 16.]		
₹ 20c.	TIME OF INJURY A	Manth, Day, Year	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, fa	rm, 20f. (City or to	awa)	[County]	(State)
20c.	Haur a.m.	19	While Not while at work	factory	, street, affice bldg., e	itc)			
1 1		244 (- 1 1 - 1)		J.	117 ,	0/10 11	2 / 21.	060:4	A // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	signature 4	dive onLA	14,04, 0	nd that deat	h occurred of	KM, from the	causes ond on	the dore	22b. DATE
	4	1 can be	hunch	M.D.	ATTENDING N	MED. 51 DIRECTOR P	TAFF HYS	12/2	SIGNED
72c.	PHYSICIAN'S	0,0000		W.D.	22d. ADDRESS	DIRECTOR - FI	713	12/1	3 00
	NAME (Type)	GERAR P	CHORER		121	CATH	BORKZ	37 /	FUNAPOUS
23a, BUR	IAL, CREMATION.	23b. DATE THEREOF	W 23c NAME OF C	EMETERY OR CR	EMATORY	23d_AOCATION	(City, tawn, ar cau	atvi .	(State)
REN	OIA (Specify)	Dec. 28-	1960 FLeN	HOURN	Cem.	Ken h	Berne 1	nd,	(
2) FUNE	RAL DIRECTOR'S SIG	GNATURE	ADDRESS	4005,0	HAPL 250 RE	C'D BY REGISTRAR	25b REGISTRAR	'S SIGNATURE	E
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								n & Treas	u.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13367 13359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) b. COUNTAnne Arumel a. COUNTY Anna Arundal Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 534 West Street YES NO TO NAME OF 4. DATE Middle Month Year DECEASED OF DEATH DORMAN (Type or print) LEWIS DECEMBER 1960 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 5. SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Mala WIDOWED | White DIVORCED [25 yrs. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Equipment Operator Road Const. N.C. USA 13.\FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Haves Lewis Maudy Walston 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Laverne Cox Lewis- Wife- Same as # 2 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 129, WAS AUTOPSY PERFORMED? YES 🔲 NO IT 200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while 196 U of wark 🔲 af work 🔀 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\), Inspection . Inquiry death resulted from: Notural couses . Accident K, Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Elmer G. Linhardt

22c. NAME OF CEMETERY OR CREMATORY

Southport Cemetery

ADDRESS

forwarded i 0 VS. A15MEISI SM 9/55

3

DIRECTOR: 1

NAME (Type)

220. BURIAL, CREMATION, 22b, DATE THEREOF

Dec.5.

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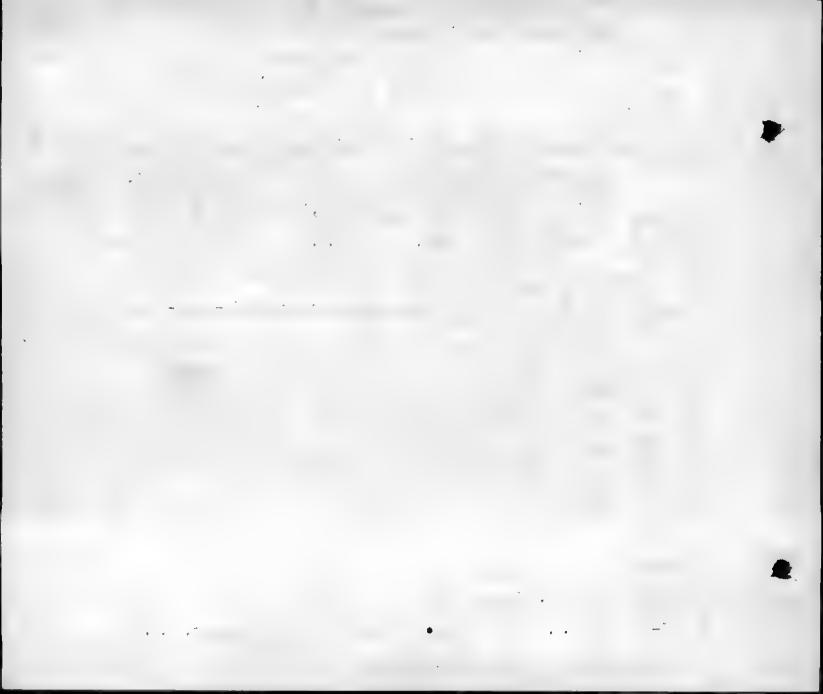
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25 FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOME Annapolis. Maryland 24a. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

DEPUTY MEDICAL EXAMINER 7

Southport. N.C. 24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33379**CERTIFICATE OF DEATH** director. hours after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE MAYLAND Filed 1 o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest, town) pino d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION STREET ADDRESS GARDEN 8442 SARDEN NAME OF 4. DATE OF DEATH Middle DECEASED completely filled THERIME (Type or print) 9. AGE (In years last birthday) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED [DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) BALTO. HOUSE WIFE 13. FATHER'S NAME PHYSICIAN: The law requires that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: **DUE TO** permit. Conditions, if ony, which (b) hos been signed gave rise to Immediate DUE TO couse (a), slating the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

28G ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21. I certify that I attended the deceased from

20c. TIME OF INJURY

ACTUAL SIGNATUR

PHYSICIAN'S

NAME (Type) BURIAL, CREMATION,

Hour a.m.

13368

IS RESIDENCE ON A FARM?

YES NO [

IF UNDER TYEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

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1960

RUNDEZ

Rea. Dist. No.

Months

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)_							
DIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	L DISEASE CON	DITION GIVEN IN PAR	P	VAS AUTOPSY ERFORMED? S NO (
20	6. DESCRIBE HOW INJURY OCC	JRRED. (Enter noture of	injury in Port	I or Part II of i	tem 18)		
	20d INJURY OCCURRED 20d While Not while at work 0 twork 1	PLACE OF INJURY (H factory, street, affice		20f (City or taw	n) (County)	(State)
	eceased from FEI						
	19. <u>60</u> , and that de	eath occurred at 2				he date s	stated above.
1	Smith	M.D. 847			ly or town, state) 2 WOOD /	PURD	DATE SIGNED
7 Y	Sm 174		7 45.40£	NA, A	BRYL-RY	12	
F	22c. NAME OF CEMETE	RY OR CREMATORY	22		ity, town, or county)		(Stote)
Z		unc'			ounty,)		
	ADDRESS	- 4			24b. REGISTRAR'S SI	GNATURE	
/	9/3 W. KTALLO	SF.	DATE AN 3	'61	arthur & ?	Kines .	

TO FUNERAL

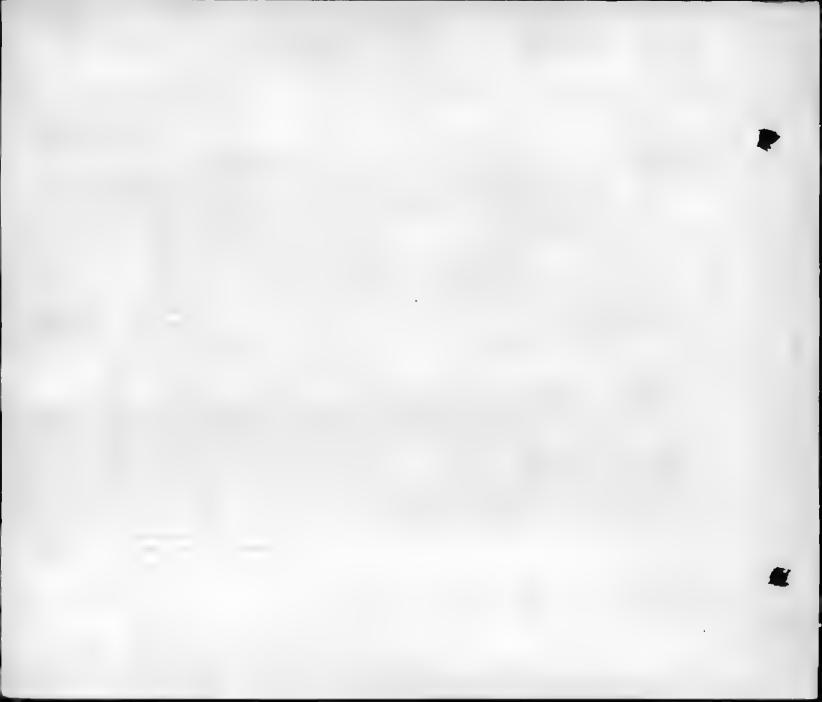
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MEDICAL



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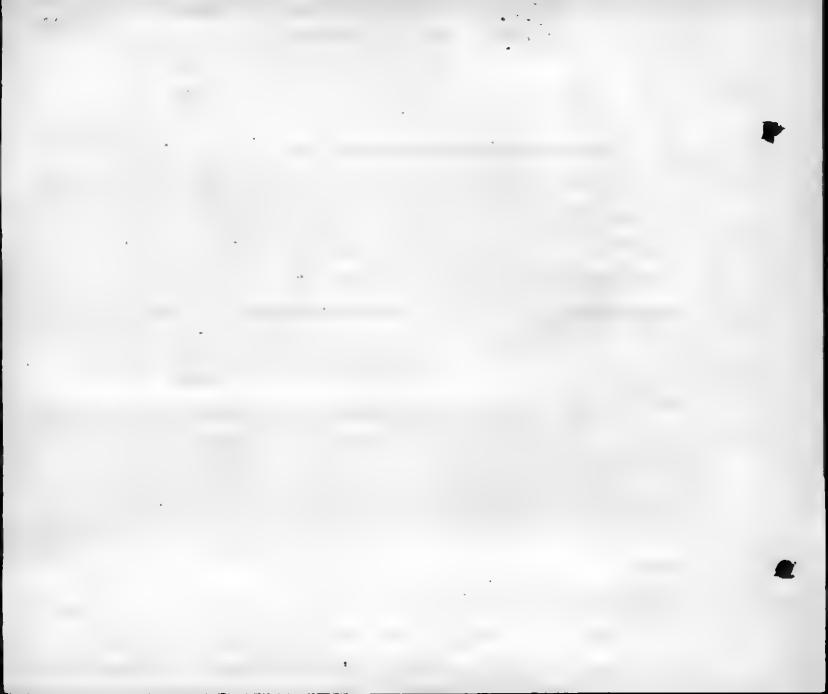
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13408 CERTIFICATE OF DEATH

13369

									KAR DIST.	110.
1. PLACE OF DEATH o. COUNTY		undle	MARY	LAND	o. STATE	DENCE (Where	_	ed. If institution b. COUNTY		before admission)
b. CITY OR TOWN	N (If outside corporat		c. LENGTH OF STAY	IN 15		,		lunits, write R		re nearest fown)
RURAL ond give	negresi lown)	Rurni	e 30 yrs			n Lum			4 1	
d. NAME OF HOS	PITAL (If not in hosp				d. STREET A		1,1,0		1	E. IS RESIDENCE
Box , 4	40 Hanov	rer Md	•		Box	#44C I	Harmon	ns Pid.		ON A FARM?
3. NAME OF DECEASED (Type or print)	Theodor	First	Middle Matthew	ď	Los	4	DATE OF DEATH	Mon De p. 2	th 22.	Day Year
S. SEX	6. COLOR OR R		RRIED NEVER MARRIE	~	. DATE OF BIRTI	'	10 /	GF (In vents		YEAR IF UNDER 24 HRS
Male	Colore				ן עונון	5 190	7	ast birthdoy)	Months D	oys Hours Min.
100. USUAL OCCUPA	TION (Give kind of	work done 10b	. KIND OF BUSINESS O				foreign countr	y)	12. CITIZI	EN OF WHAT COUNTRY
Contra	YOTKING HIE, EVEN IT N	elired)	Building			mons	Pπd.		77.0	.A.
13. FATHER'S NAME					14. MOTHER'S					7.0.2.2.0
IT.	icholas	Matth	ews		Ross	e 01:	iver			
15. WAS DECEASED (Yes, no, or unknown)	VER IN U. S. ARMEE	FORCES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT			Addi	est	-
	()61, 916 116 11	71	7-07-6750	He.	len L.	Mattl	news]	Box /4	40 Ha	armons Md.
	PEATH Enter only of PEATH WAS CAUSED IMMEDIATE CAL	BY:	line for (o), (b), and (c).	d	Care	inom	ales	ıs		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if		IE TON	cinon	na	MS	ton	acl			5 mus.
coffse (o), stati lying cause to	ng the <u>under-</u>	(c)								
ILV CAIL			CONTRIBUTING TO DEA						EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING (NG) CAUSE OF DE IFY MEDICAL EXAMIN	20b. DE	SCRIBE HOW INJURY OF	CURRED	(Enter noture o	Finjury in Por	t I or Part II a	filem 18.)		
Y 20c. TIME OF INI Hour o. r		white		20e. PLAC focto	CE OF INJURY (I	Home, farm, bldg , etc.)	20f. (City or t	own)	(Con	unty) (State)
21. I certify alive on 1	that I attended CC. 2, 2		e 1	30°	, 19 <u>20</u> occurred at	6/2	Cemil W, fram th		A	st saw the decease date stated above
ACTUAL SIGNATURE	ranks	Shi	pley!		.D			city or town,		DATE SIGNE
PHYSICIAN'S NAME (Type)	Frank	S ES	hipley.	M:	D &	Sauce	rge.	M	X- 1.	2/24/60
220. BURIAL, CREMA REMOVAL (Special Buria	(by) - 0 /0 /		Sts Res		crematory emeter		7	(City, town, o	-	(Stote)
23. FUNERAL DIRECTO		7 00	ADDRESS	0 00	sme ter	24a, REC'D B	1 armo		TRAR'S SIGN	
Herbert		ar-30		th 4	Ave.	DATE			1 1 8 St	_



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown) days. BaltIMORE-MA : KOUNSVIII E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? BAKER-ST 10 -State YES NO Month Year DECEASED (Type or print) 19 € 2 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS WIDOWED | Oyre. DIVORCED [100 USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A MIKNOWN Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bod Address IB. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO FRACTURE - SKULL Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS) PERFORMED? Brain Syndrome associated w. Chronic 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20d INJURY OCCUPRED, 20e. PLACE OF INJURY (Home, form, 20f. (City or fawn) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) Nat while Baltimore 1960 LINKHOWN at work at work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry death resulted fram:/ Notural couses . Accident . Suicide ., Homicide ., Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 12125,60 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREON 22c NAME OF CEMETERY OR CREMATORY 228 LOCATION (City, town, or county) (Stat#) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15MEISI arthur & Kraus SM 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH 1336 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13371

		GERTITO	TE OI BENTIL				
DEACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased live			ion)
	Anne Arundel	MARYLAND	Maryla	nd	Anne Aru	ndel	
	(N (If outside corporate limits, write nearest fawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate l	imits, write RURAL or	nd give nearest town)
	apolis		Ann	apolis			
	SPITAL (If nat in haspital, give street a	address)	d. STREET ADDRESS			e. IS RES	IDENCE FARM?
	rundel General Ho	spital	211 Summer	Road			№ 🖬
(Type or print)	William	Middle B ◆	McInnie	4. DATE OF DEATH	ecember	30"	Year 19
. SEX Male	6 COLOR OR RACE 7. MARRI		8. DATE OF BIRTH		GE (In years IF UNI thoughday) Month	DER I YEAR IF UNDER IS Days Hours	ER 24 HRS Min
Og-LSUAL OCCUP	ATION (Give, kind of work done 10b. I working) life, leven if retired)		STRY 11. BURTHPLACE (Stote AUAL	ar fareign country	12.1	CITIZEN OF WHAT O	OUNTRY?
3. FATHER'S NAME	UEL MCINI	νίs	14. MOTHER'S MAIDEN N	AC DO	alau		
S. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	MA H. Mª	INNIS	Address	2	
18. CAUSE OF	DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	1 1			INTERVAL 8E	
PART I	DEATH WAS CAUSED BY:	reland T	Brown	Zin-		3 /a-	DEATH
2 2	DUE TO		1-0000				- Section -
Condition		1.00 /:	1 Mati		1		-
	if ony, which (b)	merang	m wine	vore	un	-	2.
	ting the under-						
lying cause I						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUTORCY
PART II	OTHER SIGNIFICANT CONDITIONS C	ON TRIBUTING TO DEATH 80	I NOT RELATED TO THE TERMI	NAL DISEASE CO	ndifion given in i	PERFC	RMED?
200 ACCIDENT OR CONTRIBUT	TWAS UNDERLYING TO 20% DESC TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part 3 or Port II of	Fitem 18.)		
Hour a.		Not while fo	LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f (City or to	own)	(Caunty)	(State
21 I certify	that (1) (this hospital) attend	ed the deceased from	11.157 19	60.10 /	2 / 9- 19	25. that (1) (we) las
			death accurred at				'
220 SIGNATUR		FIRE TORREST ON ON THOS	dedili occorred organi	Troin ille	000303 0110 011		b. DATE
55-7	and MAley	16	M.D. PHYS. DI	RECTOR P	AFF TYS	12-18	SIGNED
22c. PHYSICIAN NAME (Typ	Dr. Frank Shipley	Cathedral S	22d ADDRESS Annapolis	. Md.			
23a BURIAL, CREM		23c NAME OF CEMETERY			(City town, or coun	ly) (Stat	te)
BURIAL		BLOSSOH	HiZL	CONC	ORD	N. 1	4.
240 FUNERAL DIRECT	TOR'S GIGNATURE	MOPOLS, MX		EC 2 3 '60	25b, REGISTRAR'S	SIGNATURE S. Huma	
I'm voj.	107 101 CONO CO	// / (U	DATE				

TO HOSPITAL OR ATTEMBING PILYSICIAM: The law requirem that the death certificate be executed within 24 hours after death. Tage 4 funeral directar, uld be filed with may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13410 **CERTIFICATE OF DEATH** o. STATE AA MARYLAND Maryland

13372

Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b. COUNTY** b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Brooklyn Brooklyn d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? W. 3rd Ave. 8 W. 3rd Ave. YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED OF Lilly Meseke DEATH 60 (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9 AGE (In years lost birthday) S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours F WIDOWED DIVORCED | 10a USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Housewife Baltimore. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Hutton Mary Reinecker **Gemes** S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No Family Same INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, Thich gove rise ta immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) a. m Nat while of work at work D. m 1922, that I last saw the deceased 21. I certify/that I attended the deceased from and that death accurred at _M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Baltimore, Md. Loudon Pk. Cem. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR McCully Funeral Homes 130 E. Fort Ave. DATE DEC 5 arthur & Kraus

physician BADU hours attending edse ₽. ģ permit. been signed cion. burial-transit offending certificate as the crematian, use this moy be retained by the SECTOR: poge 3 should be detact prior registror 0 VS A1S (4) 1SM 9/S8

director

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executed

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death certificate

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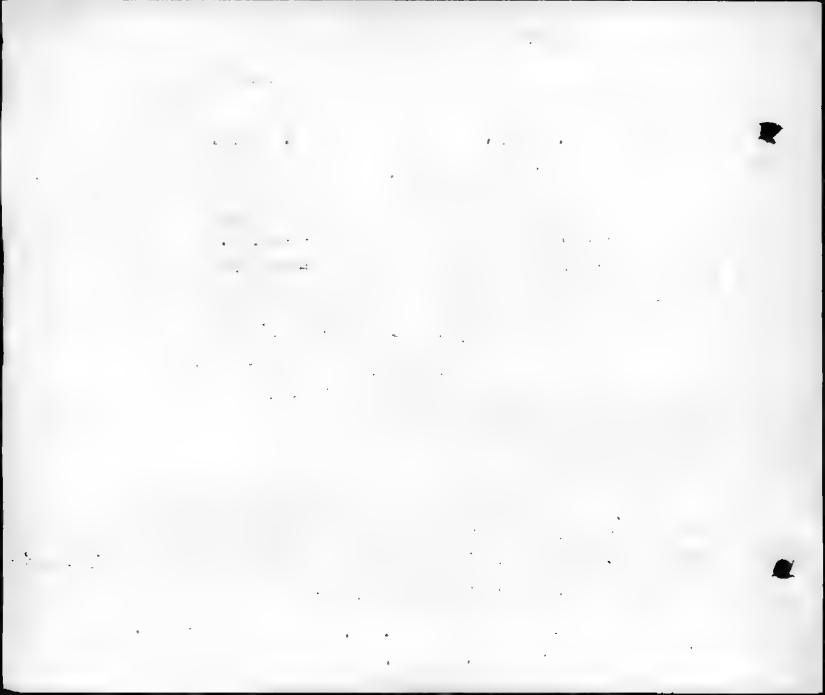
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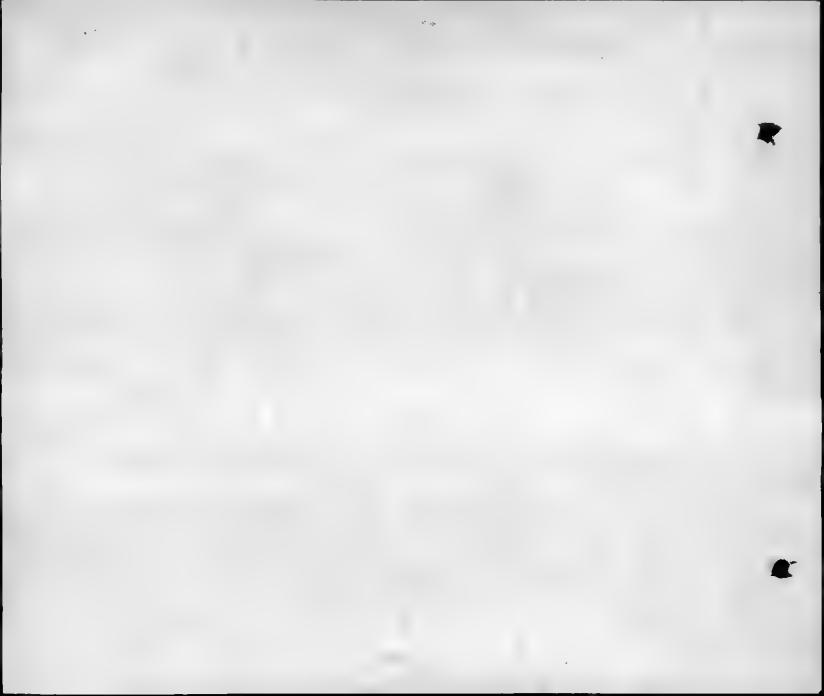
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and carban after



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY 38 X b. CITY OR TOWN (if outside corporate I mits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give neerest town) write RURAL and give negrest town) Severn d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? Same YES NO T neenstorn a. e e 3 NAME OF M ddle 4. DATE Yeer the St DECEASED (Type or print) DEATH ", ne 1, n 73+1 19 6. COLOR OR RACE 7. MARRIED TONEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH build be executed within 24 hours after des in pencil in frem 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages: Hand 2 wi loval, and in any event within 72 hours: lest birthdey) | Months Hours WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work I TOB. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Larrar toris Jac'sonville, Fla. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sally Prown William Cin lot my 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) ! (If yes give we randetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cura 3m Coronary Occlusion IMMEDIATE CAUSE (+) Office DUE TO burial Conditions, if any, which gave rise to immediate cause DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR. Page 3 should be used as a fits designated agent, prior to burial, cremation. (a), stelling the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/9/ 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [3] 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part | or Part | of Item 18) PRIMARY [] or CONTRIBUTING [] 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED., 20e, PLACE OF INJURY (Home, form, 1 20f., (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work el work 21. I certify that I took charge of the remains described above, held en Autopsy . Inspection ... Inquiry Total end in my opinion Accident . Suicide . death resulted from: Natural causes -Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/18/60 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Gil tave Faul ert.
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME (Type) Address (Street, city, fown, or county) 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town or country) (State) REMOVAL (Spanity) Burial 0 23. FUNERAL DIRECTOR 24b. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME Circher & Krusca 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13374

13412 CERTIFICATE OF BEATH									
1. PLACE OF DEATH o. COUNTY Anne Ar	undel	MARYLAN	2.	usual residence (Who o STAJE Maryland	ere deceased	l lived, If institution b. COUNTY		before adm	
b CITY OR TOWN (If a RURAL and give near Crownsy	outside corporate limits, write	c. LENGTH OF STAY IN 3 mos.8 da;	- 11	e. CITY OR TOWN (IF or Baltimore	utside corpo	rote limits, write RI	JRAL ond gi	ve nearest to	wn)
OR INSTITUTION	e State Hospit			d. street address 2216 Ruskin Avenue				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Harry	Middle	Ne	leon	4. DATE OF DEATH	Moni 12		Day 28	Year 19 60
s. sex Male	Negro WIDOW	RIED NEVER MARRIED	_	ATE OF BIRTH 5/21/85		9. AGE (In years lost birthdoy) 75 yrs		YEAR IF UN Doys Hour	
Unempl. Pen	(Give kind of work done 10b g life, even if retired)	KIND OF BUSINESS OR III Unknown	NDUSTRY	11. BIRTHPLACE (Stote of Marylan)		ountry)	12 CITIZ	U.S.A	
13. FATHER'S NAME			14	. MOTHER'S MAIDEN N					
Henry Nel				Eliza Ga	ither				
IS WAS DECEASED EVER I	ves, pive war or dates of service)	212-32-1763	7, INFOR	ospital Rec	ords	Addr	ess		
PART I, DEATH	I [Enter only one couse per li I WAS CAUSED BY: Pu] MMEDIATE CAUSE (o)	me for (o), (b), and (c).] monary Embol	ism					INTERVAL ONSET AN	
Conditions, if ony gove rise to imm couse (a), stating the	, which (b)	ert Infarctio		1					
NO Lying couse lost. Chronic	3161HCVRACADAOMS				NAL DISEASI	E COND TION GIV	EN IN PART	1(o) 19 WA PER YES	S AUTOPSY FORMED?
20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY MI	UNDERLYING 20b. DESI CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCU	JRRED (E	nter noture of injury in P	ort I or Pori	HI of item 18)			
20c. TIME OF INJURY Homeomer p. m.	Month, Doy, Year 20d. II While of war	Norwinter	PLACE Factory	OF INJURY (Home, farm, street office bldg etc.	, 20f (City	or town)	(Co	ounty)	(State)
saw the deceased	(I) (this haspital), attended alive for 12/28	led the deceased fro 1960, and th	am_9/ at deat	20 199 h accurred at 4.84	60 _{, ta} 1 5 11, fram	L2/28 the causes an	, 19_6(d an the		ed abave
720 SIGNATURE	Messelle	1 h	M D		AM D. RECTOR	STAFF PHYS	Dec 28	3, 196	226 DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	L. Benedict, M	.D.		Crownsvil	le Sta	ate Hospi	tal, 1	laryla	nd
230' BUR AL CREMATION, REMOVAL (Specify) BURIAL	23b DATE THEREOF. 12./31/60	ST. MATT	Y OR CR	EMATORY S	(MON (City, town, o	, N	1 cl.	oře)
Laules K	SIGNATURE 802	ADDRESS 2-Malia	n A		BY REG ST	30.4	TRAR'S SIG	NATURE . Kinera	

funeral director, uld be filed with ATTENDING FINYSICIAM: The law requires that the death certificate be executed within 24 hours after death. gud may be retain.

19 FUNERAL DIXECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 shauld be detached for use as the buriof-transit permit. Then please remave corban papers. Pages 1 and the Stote Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL Q

VR A18 (4) 1SM 9/59



FOR STATE DEPT rector. Page your files. is necessary, IO DEPUTY CONTRACTOR EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained J. yo IO FUNERAL DIRECTOR: Page 3 should be used as a burial-Iransit permit. File pages 1 and 2 with the State Board or its designated agent, pullor to burial, cremation, or removal, and invary evert within 72 hours after death. , in VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

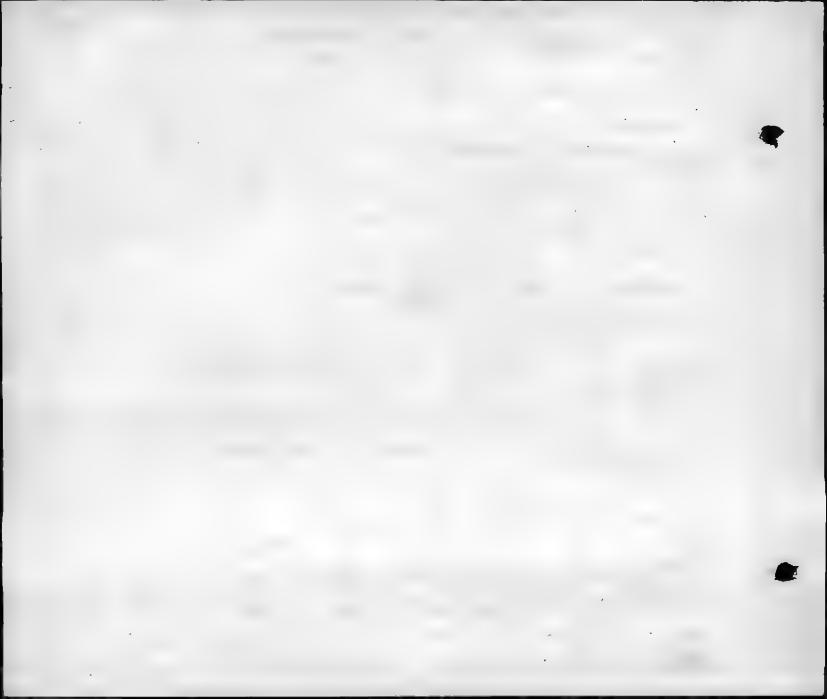
13375

١.	1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1		B. STATE 6. COUNTY
1	b. CITY OF TOWN (if ouiside corporete I mils, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporete I m Is, write RURAL end give neerest town)
	write RURAL and give neerest lown)	ي مور پري
-	d. NAME OF HOSPITAL OR INSTITUTION (final in hospital) give street eddress)	d STREET ADDRESS 1 . IS RESIDENCE
1	d. IAAME OF HOSTIAL OR INSTITUTION (F not in Bospilet, give green engress)	ON A FARM?
1	Lahana Leach	A lo orial Brich ' ive YES NO D
-	3. NAME OF First Middle	Las! 4 DATE Month Day Yeer
н	DECEASED	OF
ł	(Type or print) Los Les Tatterson	DEATH Lecuber 1/4th 195
П		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
н		last birthdey) Months Deys Hours Min.
١,		Uly 8, 190 2 150 ym.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
н	Taridriver /axicab	rennadivania 131
н	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
н	10. Traffice & Iscore	1
П	Unknown	Unknown
	15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IS	
)]	(Yes, no, or unkown) (If yes give we rordetes of service)	TD+ ALBIN
/		ce L. Patterson [Colonial Ruch Prive.
П	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Goronary Ocolus:	
П	1 (-1.) A	
-	TO DUE TO	
-	Conditions, if eny, which (b)	
н	geve rise to immediate cause	
н	(e), stelling the undertying	
ш	IV == Note == 1	The second secon
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	T RELATED TO THE TERMINAL DISEASE COND.TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO TY
	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E.	nier neture of injury in Pert I or Pert II of Item 18.)
	PRIMARY OF CONTRIBUTING I	
- 1		
		CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stele) bry, street, office bldg., etc.)
	Hour e.m. While Not While fector	ny, sneet, differ didgi, elect
-11		Landa Antonia (Caraca) and Caraca (Caraca) and
-	21. I certify that I took charge of the remains described above, hel	
н	death resulted from Natural causes F. Accident . Suicident	de, Homicide, Undetermined manner
-	1 1 16	CHIEF MEDICAL EXAMINER
2	ACTUAL MARIE KILL AND WAR	ASSISTANT MEDICAL EXAMINER DATE BIGNED
н	SIGNATURE CONTROL IT I WELL TO	M.D
-	EXAMINER'S	DEPUTY MEDICAL EXAMINER (12/15/00
	NAME (Type) Costava aulert, ".b.	Address (Street, city, lown, or county)
12	720. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stele)
	Bus 1/2/19/60 Blin House	Comotion Hun Rumie I was love to had
-	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		to /
1	Company The 1528 Liller herry	PER DATBEC 2 0 '60 Curthur S. France
1		



13376 CERTIFICATE OF DEATH 13414 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY. MARYLAND h CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) ě RURAL and give nearest town ъ GROVE d NAME OF HOSPITAL (If not in haspital, give street address) / Y STREET ADDRESS e. IS KES DENCE OR INSTITUTION ON A FARM? YES TO NO 196 NAME OF Middle 4. DATE First Last Month Year (Type or print) DEATH SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED TO A DATE OF RIPTH 9. AGE (In years last birthday) Manths Days WIDOWED | DIVORCED [YES. papers. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRYS Upq offer FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ē 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECHRITY-NO. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and-(c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditions, if ony, which gave rise to immediate DUE TO cosse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) O. III. While Nat while at work at work 21. I certify that I attended the deceased fram ____ 1964 that I last saw the deceased and that death accurred at 7/20PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE HIGHWAY PHYSICIAN'S NAME (Type) 226. DATE THEREOF THE TELES. NAME OF CEMETERY OR CREMATORY 22g. BURIAL CREMATION. 22d. LOCATION (City, tawn, or caunty) (State) page REMOVAL (Specify) o 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



13377

13415 CEI

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY ne	Arundel		MARYLAN	2. J	USUAL RESID	ence (wh rylan	ere deceased d		institutio OUNTY	n: Residence Calve		nission)
RURAL ond give	(If autside carparate limi nearest town) 18ville		LENGTH OF STAY IN 1	ь	e. CITY OR TO Hunti	OWN (If o	utside corpor	rote limits,	write RI	JRAL and giv	e neorest N	own)
OR INSTITUT OF	PITAL (If not in hospitol, on No. 1) Pital (If not in hospitol) Pital (If not in	give street ad	ldress)		d street at Unkno				1	4X		RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	fir Ha,	rry	Middle		Prat	er	4 DATE OF DEATH		Mont		Day 7	Yeor 1960
5 SEX Male	6. COLOR OR RACE Negro	7 MARRIE	DE NEVER MARRIED DIVORCED		ATE OF BIRTH	1907		9 AGE (II	n yeors thday) yrs.	Months D	YEAR IF UN ays Hou	
100 USUAL OCCUPA ducing most of w Farmer	TION (Give kind of work arking life, even if retired	done 10b. K!	IND OF BUSINESS OR IN	IDUSTRY		yland		iuntry)			NOF WHA	T COUNTRY
Alexand	ler Plater			14	Margu		iame Harve	y				
15. WAS DECEASED E	VER IN U.S. ARMED FOR (If yes, give wor or dates of s	ecurce)	nknown	INFOR	mant pital l	Recor	ds		Addr	ess		
Canditions, if gove rise to cause (a), statinglying cause loss	immediate ong the under-	Syphi Gener	Coronar ilitic & Art ral Paresis	eric	sclero	tic (ONSET A	BETWEEN NO DEATH
CATIC	THER SIGNIFICANT CON								.,	EN IN PART I	PEI	AS AUTOPSY REORMED?
1 1	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER URY Month, Day, Ye		URY OCCURRED 20e		OF INJURY (F		ton our house e o	· Ordenstand		15.0	unity)	(Stote
Hour o.a	n. 19	While of work	Not while of work	factory,	street, office	bidg , etc.) (-	joh affilisis salaman (Sp. etc. 40p. etc.				
saw the dece	hat (1) (this hospita ased alive an De	l) attende C • 7	d the deceased fra	mApr at deat	occurred					d an the		ed abave
220 SIGNATURE	7, luce	elel	45	d W	ATTENDING PHYS 22d, ADDRE	DI	ED RECTOR 🗀	STAFF		ecembe	er 8,	1960 NE
22c. PHYSICIAN': NAME (Type	L. Be		t, M. D.				le Sta	ate H	ospi	tal, k	laryla	ınd
230 BURIAU CREMAI REMOVAL (Speci	11 12-10-	G. 2	230 NAME OF CEMETER	Y OR CR	EMATORY		23d. NOCAT	ricle	rla	riel	1 7.	State)
24, FUNERAL DIRECTO	C 201/200	P	ADDRESS FULL AS SEAL	che "	nid		D BY REGIST			STRAR'S SIGR		

funeral director, TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain y the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by pmgm 3 shauld be metached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 thm State Bmard of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death

1

VR A15 (4) 15M 9/59



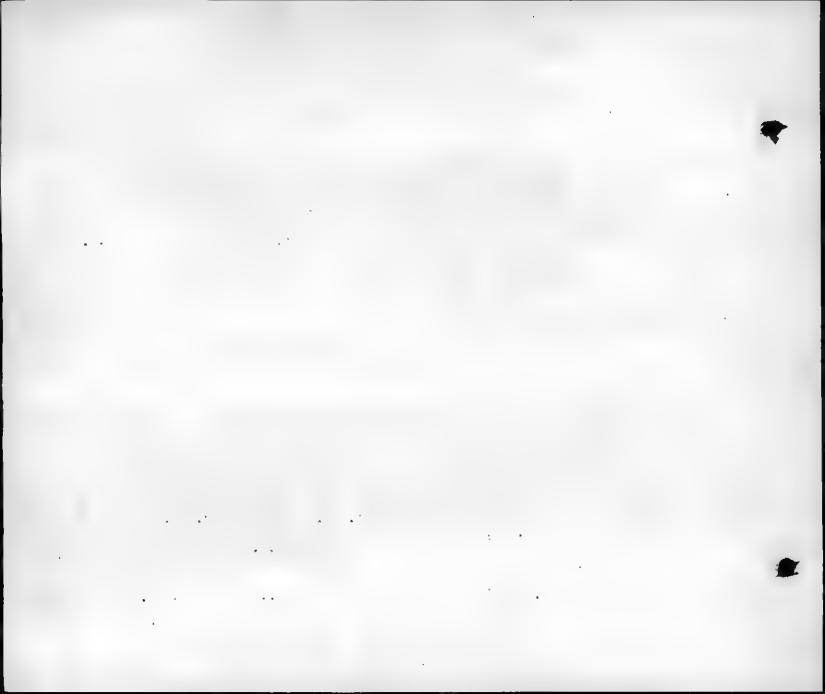
13361

	PLACE OF DEATH	Anne Arun	ndel	MARYLA		USUAL RESIDENCE o. STATE Mary			Hived. If instituti b. COUNTY			unde]	
	L. CITY OR TOWN (I	f autside carporate limi	ils, write	c. LENGTH OF STAY IN	1b	CITY OR TOWN	{If out	side carpoi	rate limits, write R	URAL and	d give ne	arest tawn)
	RURAL and give ne			6 hours		RURAL - I	Dav	idson	ville				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	jive street	address)		d. STREET ADDRESS						e IS RES	DENCE FARM?
A		el General	Hosp	ital		j							NO 🗆
3	NAME OF DECEASED	Fir	rst	Middle		Last	- 4	4. DATE OF	Mar	ith	De	oy `	(ear
	(Type or print)	Irene				QUEEN		DEATH	Decem	ber	2	81	9 60
5 9	SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years last birthday)	IF UNDI Manths		Hours	R 24 HRS
F	emale	Negro	WIDOW	ED DIVORCED [May 12, 19	911		49 yrs	I wantis	Doys	Hours	WIL
10a	. USJAL OCCUPAT C	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	late ar	r foreign co	ontry)	12.CI	TIZENO	F WHAT C	OUNTRY?
		omen		Gout,		Vir	gin	ia			U.	SL	
13.	FATHER'S NAME				11	. MOTHER'S MAIDE	EN NA	ME					
	\cup	Inknou	UK	<u> </u>		Uv	1 k	иои	IN				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17, INFO	MANT			Add	ress			
Ĺ	No			0									
	18. CAUSE OF DEA	ATH [Enter anly and co	use per li	ne tor (6). (b), and (c)]	1		,			•		ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1)	chotas	11/	reumo	n	12					day
	4 9	DUE TO			,							/	13
	Canditians, if a		1										
	gave rise to i cause (a), stating	mmediate ('										
	lying cause last.) (0	:)										
CATION	PART II OTH	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE T	ERMIN.	AL DISEAS	E CONDITION GIV	VEN IN PA	ART 1(a)	19 WAS	RMED?
3												YES	NO 🗌
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS JNDERLYING [] 	206 DES	CRIBE HOW INJURY OCC	URRED (E	nter nature of injury	y in Pa	irt I ar Pari	t () of item 18.)				
MEDICAL		Y Manth, Day, Ye				OF INJURY (Hame, , street, affice bldg ,		20f. (City	or tawn)		(County)		(State)
MED	Hour a m "p, m,	19	While at wa	rk at wark	racioty	, area, arrice blog ,	, elc.;						
		t HA (this haspita	I) atteni	ded the deceased fr	am De	c. 27	196	O to	Dec. 28	19	60 . tl	hat 161 (we) last
				19_60, and th									
	220. SIGNATURE		1	11 136 7 1 dilg 11	igi degi	2:15	A.	3.6		10 011 11			DATE
	100	way of M	raid	4	M D	ATTENDING XX	MED	CTOR 🔲	STAFF PHYS.		3	2/28/	SIGNED
	22¢ PHYS CIAN'S NAME (Type)		-	-		22d, ADDRESS						est same	_ =
	14HMC (ITYPE)	James R.	Mart	in		6 Shaw S	Sta	_ Ann	apolis,	Md.			
230	BLR A CREMAT C REMOVAL (Specify)	236. DATE THEREO	-60	23c NAME OF CEMETE	ERY OR CI				TION (City town,		6	(Stat	£/.
24	EUNERAL DIRECTOR	'S SIGNATURE .	1	ADDRESS 119	25		REC'D	BY REGIST	RAR 25b, REG	STRAR'S	SIGNATI	JRE	=
18	lenisis A.	Madring	In not	Sons Es	6,5	7. 6. DATE	JAN	3 '6	1 0	They of	, 1,		
4	may 1 a.	The state of the s			7		,,,,,,			THE PERSON	- Tubech	, -	

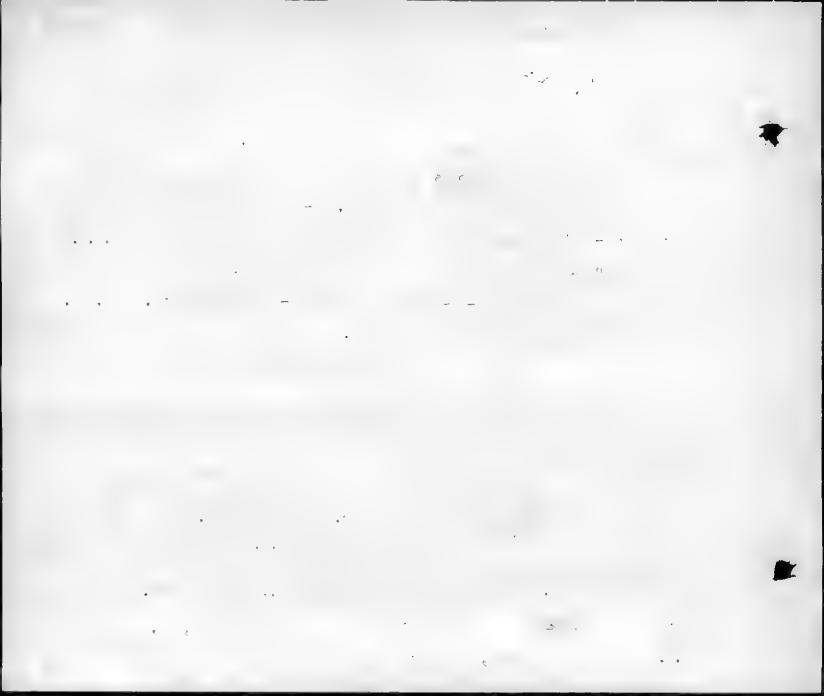
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained, by the hosp toll or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon pages 1 and 2 should be filed with the State Baard of Health prior to burial, cemation, at removal, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/59



1, PLACE OF DEATH a. COUNTY	Anne A undel	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY	Anne Arundel
b CITY OR TOWN (RURAL and give n Annay		rite C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RI	URAL and give nearest town)
OR INSTITUT ON	TAL (If not in hospital, give s lel General Ho		d STREET ADDRESS 76 Larkin	St.,	e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	
(Type ar print)	William	Themas	QUEEN	DEATH Decemb	
s sex Male	Manna	MARRIED NEVER MARRIED DOWED KK DIVORCED	Nov. 2 - 188	9. AGE (In years last birthday) 73 yrs	HOUNDER I YEAR IF UNDER 24 HRS. Manths Days Hours Min
10a USUAL OCCUPATIO	ON (Give kind of work dane	106. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole	ar foreign country)	12 CITIZEN OF WHAT COUNTRY?
Laborer	king life, even if retired) City of A	nnapolis	Maryland	1	U.S.A.
13. FATHER'S NAME		•	14. MOTHER'S MAIDEN N	NAME	
Elijah	Queen		Lovy Woo	dhouse	
15 WAS DECEASED EVE	R IN U. S. ARMED FORCES?		INFORMANT	Addr	
No		214-05-1192A AC	lele Parker -	405 Oaklawn Av	e. Anna. Md.
Canditions, if a gave rise to i cause (a), stating lying cause last.	ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Ony, which (b)	erefrol	enoulog.	ote Heart	INTERVAL BETWEEN ONSET AND DEATH
ICATIO					EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJUI Haur a. m. p. m.	V		LACE OF INJURY (Hame, form actory, street, affice bldg., etc		(County) (State)
			death occurred at		d on the date stated above. 22b DATE SIGNED 12/27/60
22c PHYS CIAN'S NAME (Type)	James R. Mar	tin	6 Shaw St.	, Annapolis, 1	
23a SUR AL, CREMATIC REMOVAL (Specify Burial		23c NAME OF CEMETERY Brewer Hill	OR CREMATORY	Annapolis, Mc	
24 FUNERAL DIRECTOR		ADDRESS		104 4	STRARS SIGNATURE
G.E.Hicks	777 Annano	ine liamelland	Alberta	THE DI COM	wheel Ti's Administra



ATTEMBER SHYSICIAN: The low requires that the death centificate be assembled within 14 hours after death. Pogs 1

TO HOSPITAL OR

VS A15 (4) 15M 9/55

may be reto to be the hospital or attending playsician.

TO FUNERAL COR: After this certificate has been signed by the otten ing physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban pages, Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 13363

13380

		L	O	ป	0
ner Dist	Ma				

1. PLACE OF DEATH O. COUNTY O. MARYLAND 2. 1	USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY b. COUNTY
b. CATY OR TOWN (If authide perpende limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	C. GITY OR TOWN (I) putside corporate limits, write RURAL and give nearest fown)
	d. STREET ADDRESS ON A FARM? YES NO EX
3. NAME OF DECEASED (Type or print) HENRY DENISON RA.	NDALL 4. DATE Month Day Year OF DEATH DEC. 7 1960
MALE WHITE WIDOWED DIVORCED JU	ATE OF BIRTH 1LY 20 /88/ 9. AGE (In years of the property) 9. AGE (In years of the property) 9. AGE (In years of the property) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even it sured). SALES MANAGER (KET) GEN. ELECTRICO	LEDYARD CONN U.S.A.
JASON L. KANDALL	HENRIETTA A. STODDARD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFOR	IRY D. RANDALL JR #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cryslavyaseula C	recident = Pt. Compaini Conset and Death
Conditions, if any, which (b)	•
gove rise to immediate couse (a), stating the <u>under-lying couse fast.</u> Course fast. Course	
3 Hypostatre pneuweria	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \to \subseteq \text{K}
200. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (En OR CONTRIBUTING [] CAUSE OF DEATH [] (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature of injury in Part I or Part II of item 18 }
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED lack of While Not while lack or work of work of wark	OF INJURY (Home, farm, 20f (City or tawn) (County) (State) street, affice bldg., etc.)
21. I certify that I attended the deceased from October alive an Act 6 1960, 1960, and that death occ	, 1900, to December, 1900, that I last saw the deceased
ACTUAL SIGNATURE SOLVE CHECKER M.D.	121 CATILED RAL ST. 12/8/60
PHYSICIAN'S VOHN HEDEMAN	ANNAPOLIS MO.
220. BURIAL CREMATION, 226. DATE THEREOF 224 NAME OF CEMETERY OFFICE PEROYAL (Specify) 12-10-60 LCdyard CO)	EMATORY 22d LOCATION (City, town, or county) (Stote) WHER LEGYZICA CONN.
123 FUNERAL DIRECTOR'S SIGNATURE ADDRESSY 16HN M. TAYLOR'SON'S HNUAPOL	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE OF DATE DEC 9 '60 Cuthur & Frank



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	C	ER 1	ΠΕΙ	CA	TE	OF	DE	A1	Ή

13381

		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before jodmission)
	a	Anny Arunda MARYLAN	o STATE b. COUNTY Anne Arundel
ľ	b	c CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1	
	1	RURAL and give, nearest town) Mallars villa RCD- 2 1/2473-	11 14 Menville RED
ı	0	d. NAME OF HOSPITAL (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		Carried Pand Flyeton	Forwell Road Elvator YES DNOD
ŀ	3 N	LOXWELL KORD Elvator	Last 4. DAYE Manth Day Year
	- 0	OECEASED (Type or print) Charles R	Pillish Of
ŀ	5. 5	0.1121.70.0	A COLOR DE LA COLO
	- 1	Male White WIDOWED DIVORCED	10th Jan 1874 So birthday) Months Days Haurs Min.
	10a	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	_1	Mentist (Ret.) Selt-Employ	red Gatesville, N. Carolina U.S.A-
	13 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Н		Rufus M. Riddick, St.	Malgaret Raborts
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1.	7. INFORMANT P. O - 13 OX 4-17
	1100.	No mm None	4- William Riddick Glan Burnie, Md.
ľ		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
	- 1	PART I. DEATH WAS CAUSED BY. PLEE ELECTION LA	11/11/11/11/11 / 1/1/2
		4- 211 LA DUETO	11 1-5
		Canditions, if any, which) In Child Little	Alast tallille lawren
		gave rise to immediate DUE TO	
	- 1	cause (a), stating the <u>under-</u> lying cause last.	
	z	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY
	CERTIFICATION	Cardinama takon	PERFORMED? YES NO
	Ĭ	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	₹		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEDICAL	Haur a.m. P. m. 19 at wark at wark	factory, street, affice bldg., etc.)
	1	21. I certify that (I) (this hospital) attended the deceased fro	m Lewisulas 1956, to Alanciaco 1945, that (1) (we) lost
			at death accurred of M, from the couses and on the date stoted obove
/	ŀ	22a. SIGNATURE	22b DATE
-		EMITTER LUCK PORT	MD PHYS DIRECTOR PHYS 12-45IGNED
-1		22c PHYS.CIAN'S	22d. ADDRESS
		NAME (Type)	
ŀ	230	BURIA, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town, or county) / (State)
		REMOVAL (Specify) 7 1 Dec. 1960 Auda-	Compters Arden . IV. Carolina
1	24]	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	10	relland V. Dxng Ston Glen But	mie, Mile DATOFC 6 '60 Cultury & Kings



ofter death.

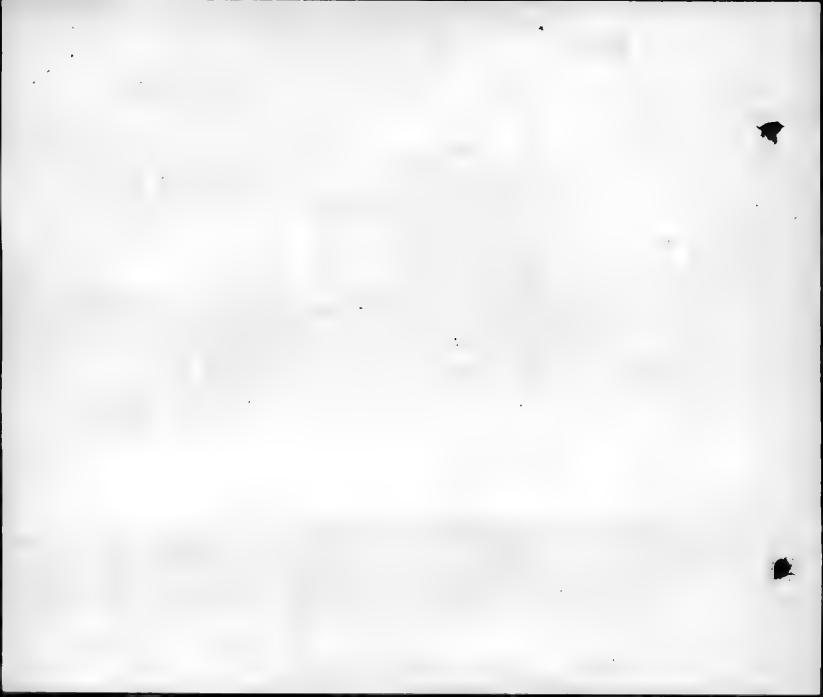


	MARYLAND STATE DEPARTMENT OF HEALTH				
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND				
13365	CERTIFICATE OF DEATH				

_ I-		
	o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTX
\-	V. V. Co. UNABBILLY L. C.	ACCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
\mathbb{R}	b. CITY OR TOWN (If outside corporate limits, writh RURAL and give nearest town)	C. CHT OR TOWN (IT outside corporate limits, write ROKAL and give nearest town)
/-	d. NAME OF HOSPITAL (IF not in hospitol, give street oddress)	d STREET ADDRESS e IS RESIDENCE
ź,	OR INSTITUTION	ON A FARM?
4	ANNE AKUMLET Gen Hoopila	
-	3. NAME OF DECEASED (Type or print) I C (1 1 2 1 1	ROAR DEATH 2 25 1960
ŀ		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Fomal With WIDOWED DIVORCED	15 Sopt. 1891 lost birthdoy) Months Days Hours Min.
Ī	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if relired)	STRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
1	Racket (tet.) Noxeme Corb.	Farquer Co. Va. U.S.A.
Ī	3 FATHER'S NAME	14 MOTHERS MAIDEN NAME
	(Linknown) Alexander	Cora J. Thompson
Ī	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN 18th no or withnown) If I wes, no we war or dates of services	NFORMANT Address
	No MM 215-03-+225 1	Mrs-Grace E-Covey Jame As#2
Г	18 CAUSE OF DEATH [Enler only one cause per line for (o) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) U Remic CO	May 4- days
	5 DUE TO	
1	Goodstions, form, which gove rise to immediate (b) The Gantlens, Ve (i)	2/17.05cle76/16 C V. DISLESS 1C412
	cause (o), stating the under-	2: 1571
	lying couse lost. 1 (c) Tank applied it.	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOSY
	PART #1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DNO SINGLY WILL CATE CATERIA C. C.	PERFORMED?
- 1	TO ACCIDENT WAS INDERLYING TO 201 DESCRIBE HOW INTIREY OCCURRE	D. (Enter noture of injury in Port Port II of item 18.)
	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (chief notice of injury in Fort Fort Fort in a contract
		ACE OF INJURY (Home, form, 20f (City or town) (County) (State) ctory, street, office bldg., etc.)
	Hour o.m. P.m. While Not while of work of work	
	21 I certify that (I) (this haspital) attended the deceased fram	Nov. 28 , 1960, to Dec. 25, 1960, that (1) (we) last
	saw the deceased alive an Dec. 25, 1960, and that a	death accurred a 1,40 M, fram the causes and an the date stated above.
	220. SIGNATURE	ATTENDING MED STAFF 22b. DATE
	The state of the s	MD PHYS DIRECTOR PHYS 12/15/60
	22c PHYSICIAN'S NAME (Type)	22d. ADDRESS
	1.16 KION 1. Maile	11 TI CONTROL DISTANTABOLICA TOTAL
	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY O	0 1/11 2/1
	10 Later 128 10 C 1960 Was dawn	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	ADDRESS	of 20160 - In I think
	[] To projection [[[[In] Outer 16]	DATE DEC 2 9 00

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retainly the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 vould be filled with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 12 hours offer death. VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. Page 4 director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Maryland filed b. COUNTY MARYLAND Anne Arundel eroi b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give negrest town) å RURAL and give nearest town) 2 Months Baltimore Glen Burnie within 24 haurs after d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 1300 W. Baltimore Street YES NO R Plaza Manor Nursing Home 9 .5 NAME OF Middle DATE Last Year DECEASED 1960 DEATH December 23. Pages (Type or print) Robinson deoth Irene 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 10, Months Days White WIDOWED 4 of the Female September papers ď 10a. USJAL OCCJPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours HOUSEWITE Unknown puo Unknown 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 200 physician .⊆ requires that the death certificate Unknown Unknown гета 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? attending p Mrs. Rainey-B.C.D.P.W. None N_{Ω} any CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY Arteriosclerotic heart disease Unknown IMMEDIATE CAUSE (a) puo the **DUE TO** á permit. Canditions, if any, which remova gned (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. ar attending physician. **burial-transit** 5 peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY crematian, PERFORMED? YES NO BE Seizure disorder 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate the urial, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or tawn) (State) (County) factory, street, affice bldg , etc.) o ce Hour a.m While Not while this at work at work far 21 I certify that (1) (this hashiral) attended the deceased from 7-8-1960 8012 1960 , that (I) (me) lost , to 12-23 detached saw the deceased office on 12-3-1960 and that death occurred at A.M. from the couses and an the dote stated above. may be retained y the S FUNERAL DIRECTOR: 22g S QNATURI 226 DATE 12-23-1960 SIGNED ATTENDING PHYS DIRECTOR -PHYS should 22c PHYSICIAN'S NAME (Type) 22d, ADDRESS James M. Pair. 100 N. Carrollton Avenue Balto. 23.Md. (17) 230 BURIAY, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY poge the St REMOVAL (Specify) Loudon MIRCH 0 0 24 FUMERAL DIRECTOR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR VR A15 (4) DATE DEC arthy of the ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

Annapolis Ma

24a. RECID_BY_REGISTRAR

DATE

24b REGISTRAR'S SIGNATURE

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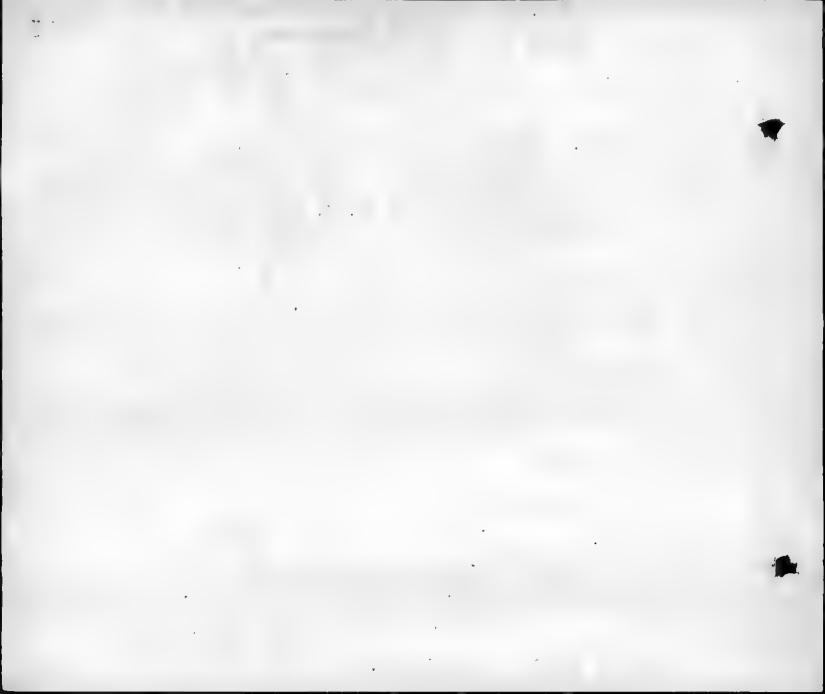
within 24 haurs after

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15M T0/57

23. FUNERAL DIRECTOR'S SIGNATURE

Hopping Funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13386

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John 14. Very on wine Corner our 14. DATE 23'60 Culling S. The us	24 MINERAL DIRECTO	R'S SIGNATURE	ADDRESS L			AR 256 REGISTRAR	'S SIGNATURE	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12-20-00 et HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Ras dence before admission) **B. COUNTY** Page b. COUNTY a. STATE Anne Arundel Marvland MARYLAND c. CITY OR TOWN (if outside corporate I m Is, write RURAE-and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3451 Park Heights Avenue YES NO 910 Anne Arundel General Hospital 3. NAME OF DATE Middle DECEASED 2, and 3 to the the (Type or print) SACKS DEATH 60 MEYER December 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 m 2 w 2 hours last buthday) Months Hours D. YORCED White WIDOWED T Male 10a USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? age eg most of work ngalife, even if retired) within N. W. 13. FATHER'S NAME E E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. ANFORMAN Address (Yas, no, or unkown) | (If yas give war or dates of service) permit. ¥!× in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN burial-transit p along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning. IMMEDIATE CAUSE (a) Office **DUE TO** removal. Conditions, if any, which (6) "pending" geve rise to immediate cause ď DUE TO (a), slating the underlying Examina IQ N cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati The certificate, writing the word forward to the Chiel medical E DIRECTOR: Page 3 should be NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Pert , or Pert II of item 18.) 20a EXTERNAL CAUSE WAS age 3 short PRIMARY or CONTRIBUTING Boat sunk. 20d. INJURY OCCURRED ' 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, streat, offica b.dg., atc.) Hour Not While Md. at work at work Chesapeake Bay Off Annapolis prior, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion agent, death resulted from. Natural causes Accident. Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 12/13/60 DEPUTY **EXAMINER'S** Charles S. Petty NAME (Type) Address (Streat, city, town, or county) 224 BURIAL CREMATION 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 1341. CERTIFICATE OF DEATH

13388

13	1. [PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived	If institution:	Residence befo	ore admission)
":)	ľ	Anne Arundel	MARYLAND	Maryland		P COHNIA	10330	Lacorer
1		b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate lii	mits, write RURA	L and give ne	arest town)
agar.		CIOWNSVIILE	11 mo. 5 days			31	131	i. j
		d. NAME OF HOSPITAL (If not in haspital, give street	address)	d STREET ADDRESS				e IS RESIDENCE
) (i i	Crownsville State Hospi	tal	521 Bethel	Street		**	YES NO
	[NAME OF First	Middle	Losi	4. DATE OF DEATH	Month	De	ау Үевг
1		(Type or print) Edward	Chamber	rs Sander	DEATH	12	7	1960
	5 S	SEX 6 COLOR OR RACE 7. MAR Male Negro Widow	NEVER MARR.ED DE DELL'ALED DIVORCED	March 4. 1877	las	t birthday) Mi	UNDER 1 YEĀI onths Days	Hours Min
		210020				33 yrs	10.000	
	100	. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (Stole o	ir foreign country)			F WHAT COUNTRY?
		Laborer		North	Carolina		U	.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
I		Joseph Chambers		Maggie Ro	binson			
	15	WAS DECEASED EVER IN J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
		(es-Spanish-American	Unknown	Hospital Rec	cords			
		18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c),]				LINT	TERVAL BETWEEN
				Cardiovasculas	r Disease	3	ON	ISET AND DEATH
		LA S 1 DUE TO						
		1000/0						
		Conditions, if only, which (b)						
		couse (a), stoting the under-						
	79	lying couse lost.) (c)						
	CATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
1								YES 🔼 NO 🗌
	CERTIFI	200. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED (Enter nature of injury in P	art I or Part II af	item 18)		
	CAL	20c. TIME OF INJURY Month, Doy, Year 20d, I	NJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form,	20F (City or to	wnl	(County)) (Stote)
	MEDIC	Hour o.m. p. m ——— 19 While of wo	Not white	octory, street, office bldg., etc.			(1200111)	(5.510)
		21 I certify that (I) (this haspital) attend	ded the deceased from	7/9 19	57, to 1	2/7	19.60, 1	hat (I) (we) last
		saw the deceased alive an 12/7	1960 , and that	death accurred at 10A	M. from the			
		22a. SIGNATURE						22b. DATE
		1 / lieuce	XIL	M.D. PHYS DIE		AFF IYS		12/4968
1		22c. PHYSICIAN'S		22d. ADDRESS	CCTOR ME 711	,3 []		/ 1/
		NAME (Type) I. Benedict	, M. D.	Crownsvil	le State	Hospita	al, Md.	•
		BURIAL, CREMATION, 236. DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY	23d LOCATION	City, town, 95 c	aunty)	(Stote)
	j	MUTLES 12-10-60	mt (ak	rang	9.1	2. Co	unty	, md
	240	FUNERAL DIRECTOR'S SIGNATURE 2 4 G	ADDRESS (BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	JRE
		brech b. doelas.	130× n. C	Intel Q DATE DEC	9 '60	Crthus	7 & Kiny	4
	-							/

may be rehain.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by page 3 shauld be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 state Boogs of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OF VR A1S (4) 1SM 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

funeral director, ould be filed with



ADDRESS

e. IS RESIDENCE

Day

10

Doys

(County)

24b. REGISTRAR'S SIGNATURE

Colling & Frank

24a, REC'D BY REGISTRAR

DATE

ON A FARM?

YES NO X

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES T

(State)

DATE SIGNED

(Slote)

USA

60

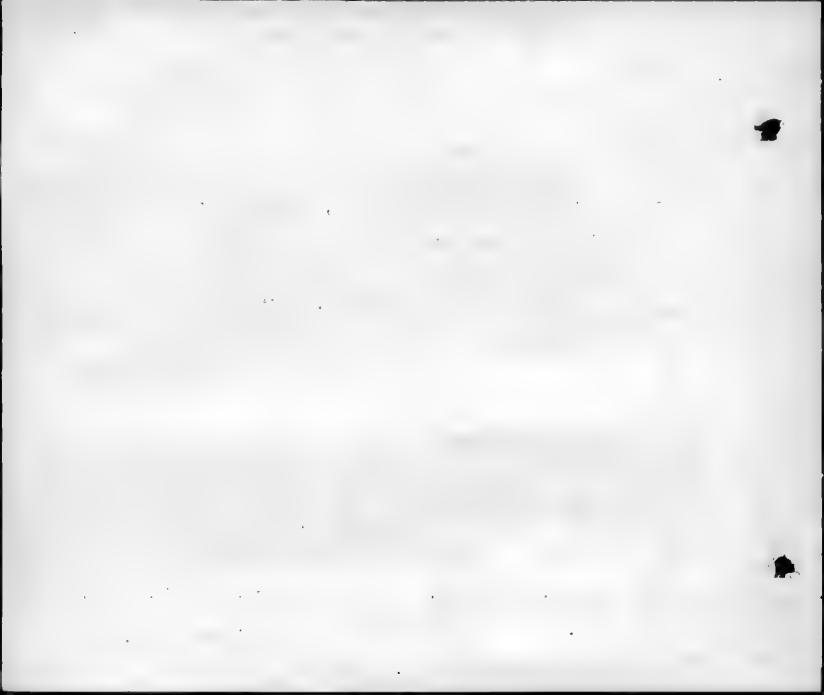
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O VS A1S (4) 1SM 10/S7

23 FUNERAL DIRECTOR'S SIGNATURE

Hopping

Funeral Home



13390

CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest Jown) rowns 3 Mos.6days d NAME OF HOSPITAL (If not in hospital, give street, address) POWNS VILLE YES NO Middle DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 8. DATE OF BIRTH 9. AGE (In years 5 SEX MARRIED NEVER MARRIED bisthdoy) Months WIDOWED DIVORCED [7] 12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) lua iter FATHER'S NAME 17 INFORMANT 16. SOCIAL SECURITY NO 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 7-10 IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY A BOUNTED Q CENERALIZED PRTERIOSUERY 20 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (Stote) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work saw the deceased alive an. _____19, , and that death accurred at ____, M, from the causes and an the date stated above 22b DATE 220 SIGNATURE S GNED LELLELLY ATTENDING PHYS MED. STAFF MD 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) CRONNSVILL STATE HOSPITAL 23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 23c NAME OF DEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stofe) Surve 25b, REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR DATE DEC 2 7 '60 no & Thomas

ero ,Ξ Camp pub pau R physician ppo remove FUNERAL DIRECTOR 0

15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13429 CERTIFICATE OF DEATH 13422 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) a. COUNTY **b** COUNTY MARYLAND Marvland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Shipley, Maryland Shipley d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS Shipley Farm . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Fairmount Road NAME OF Middle 4. DATE Year DECEASED (Type or print) Amanda DEATH Shipley 60 Irene December 19 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED M Months Days DIVORCED [Female White WIDOWED | 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. Retired Schoolteacher Shipley. Maryland corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Luther Shipley Annie S. Linthicum IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Pairmount apad None Mrs. J. Clinton Roberts Shipley, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-] INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove rise to immediate **DUE TO** coese (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES TI NO TI 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c, TIME OF INJURY Month. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work _____, 19______, and that death accurred at 10:30AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 3 shoulo we O PHYSICIAN'S 10+ Colon an NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) Loudon Park Cemetery Baltimore, Maryland Purrial 23. FUNERAL DIRECTOR'S SIGNATURE? **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE DEC 6 Cirching S. Flines



13392

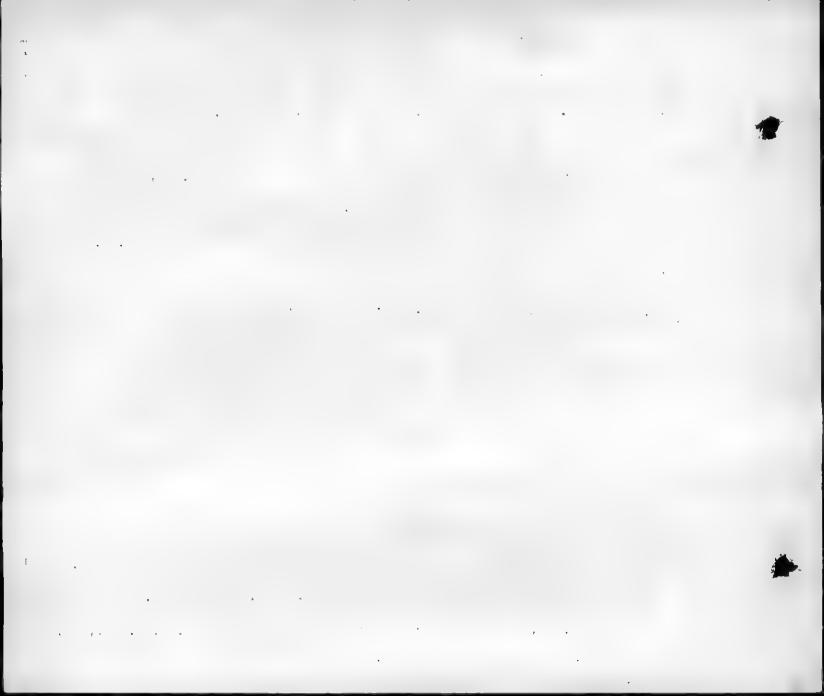
1. PLACE OF DEATH G. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
Anne Arundel	Maryland Anne Arundel
b CITY OR TOWN (# outside corporate limits, write RURAL ond give nearest town) Brocklyn Hets 5 yrs	Broklyn Hets.
d. NAME OF HOSPITAL (If not in haspital, give street address)	
OR INSTITUTION	ON A FARM?
4950 Breskweed Read	4950 Breekweed Read YES NO W
3 NAME OF DECEASED (Type or print) Fila Madeline Sheres	Last 4. DATE Manth Day Year OF DEATH Dec. 16, 1960 19
	260. 10, 1500
*** - *	lost birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	Aug. 31, 1902 58 yrs.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Housewife	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jehn Railey	Sarah Marshall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17 INI [Yes, no. or unknown] [If yes, give wor or dates of service]	FORMANT Address
	William B. Sheres Same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I DESTRICT CAMER BY	ONSET AND DEATH
immediate cause (o) Clubs thing can	ideal rafor ton 2 hours
TLO DUE TO OA , (b)	. 16 60
Conditions, if any, which) (b) UNLEWED SUCTO	e Heart Whileand I genre
gove rise to immediate	
couse (a), stoting the <u>under-</u>	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUTT	PERFORMEDY
3 4 CALLO I KLUMO	YES NO IL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part t or Port II of item 18.)
G CONTRIBUTING CAUSE OF DEATH	
\$ 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m. While Not while foct	tory, street, affice bldg., etc.)
p. m. 19 at work at work	
21 I certify that (I) (this hospital) attended the deceased fram	Jan 15 195 to lec 15, 1960, that (1) (we) last
saw the deceased alive on Doc 15 19 60, and that de	eath accurred at 30-M, from the causes and on the date stated above.
220 S'GNATURE	22b DATE
1 De Sille / Il a de marine	ATTENDING MED STAFF S_GNED
1 22c PHYSICIAN'S BERDANN BERDANN	22d. ADDRESS
DE NIMMIN DECEPTION	5010 A. Gev. Ritchie Hwy.
23g BURIAL, CREMATION, 23b DATE THEREOF 23g NAME OF CEMETERY OR	
REMOVAL (Specify)	
4001 Ditable Ton	(05)
More Money 4001 Ritchie Hwy.	(25) DATEDEC 21 '60 Contain & Kings
	CARDON A TRADE

may be retain by the haspital or attending physician.

TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OF VR A1S (4) 15M 9/59

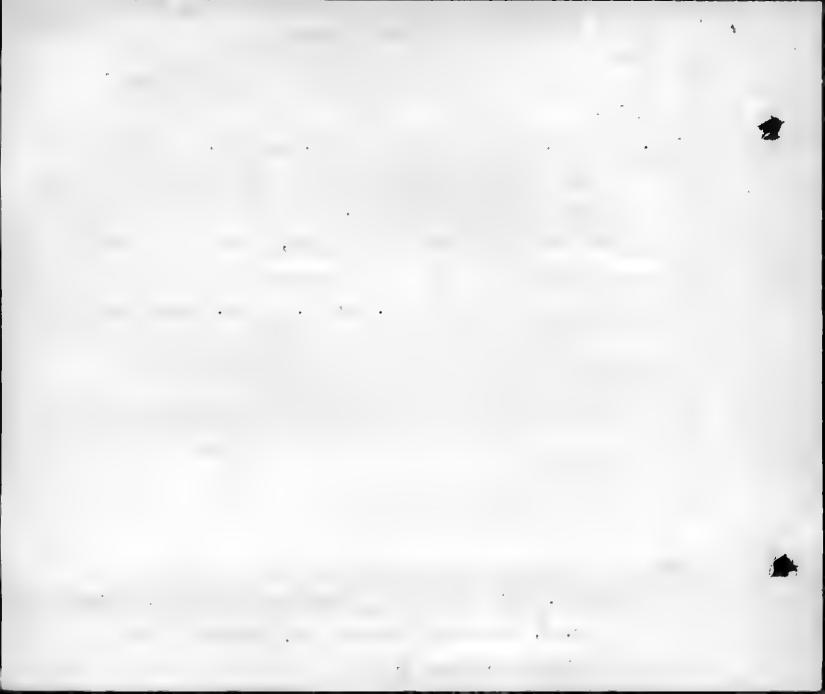
funeral director,

AMILIANDE OF TYSICIAN: The law requires that the death certificate be axemuted within 24 maurs after death. Page 4



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(Slole)



13394

	1336	9	CERTIFIC	ATE OF DE	ATH				10	U U M
d. COUNTY	Anne Arundel	L	MARYLAN	2. USUAL RESID	ENCE (Where de		COUNTY .	n: Residenc		nission) 🗸
RURAL ond give			NGTH OF STAY IN	b c. CITY OR TO	own (If outside orth Bea		ts, write RL	JRAL and g	" of	own)
OR INSTITUTIO	undel Genera				h. and	Davton			40	A FARM?
3. NAME OF DECEASED (Type or print)	F Lea	roy	Middle O.	lost Sope	4. D		Mont	h	Day 2	Yeor 1960
s. sex Male	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [9 AGE lost	n years rthday) yrs.		Days Hou	
	TION (Give kind of work varking life, even if retire achanic	done 10b KIND	S STA	DUSTRY IT BIRTH A	Lam	eign country			S.	TCOUNTRY
Owen				Eliz	abeth (cranfor				
(Yes, no. or unknown)	VER IN U. S ARMED FO			7 INFORMANT	Soper	North	Addr Bea		iaryla	nd
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE	BA		O PNE	BMO	NIA				BETWEEN ND DEATH
Conditions, i	Immediate	(b) <u>LY</u>	MPHA	Tic	LEU	KEX	IIA		5	Y
lying couse lo		(c)							7,	
	OTHER SIGNIFICANT CO							EN IN PART	PER	AS AUTOPSY REPORMED?
U (IF EITHER, NOT	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED (Enter nature of	injury in Part I	or Part II of ite	em 18.)			
Y 20c TIME OF IN Hour a.	10		Vat while	PLACE OF INJURY (H foctory, street, affice		f. (City ar town	i)	(C	county)	(Stote
saw the dea	dised drive dif	and the same of th		m 5-16 at death accurred		to 12 -				ed above
22c PHYS CIAN	oldh Rg	-sleo	2-	M D PHYS.	DIRECTO	STAF			12-	3 - GU
NAME (Typ	" Dr. Editl		<u>.</u>		nklin S	treet,	Annar	olis,	Mary	Land
230 BURIAL, CREMA REMOVAL (Spec Burial	TON, 236 DATE THERE ify) Dec. 6.		mmanual	y or crematory Church_Cen		Plum 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,,		itale)
24, FLHERAL DIRECT		011	ADDRESS		250. REC'D BY	registrar '60	2Sb REGIS	TRAR'S SIG	SNATURE	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page funeral director, ould be filled with TO FUNERAL CALCOR: After this certificate hembeen signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 27 the State Board of Health priar to burial, cremation, ar remaval, and in any every within 72 haurs after death.

TO HOSPITAL O

VR A1S (4) ISM 9/59



funeral director, sould be filled with NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or attending physicion. O FUNERAL DISTRICT After this certificate has been signed by the ottending physicion and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OF may be retain TO FUNERAL D

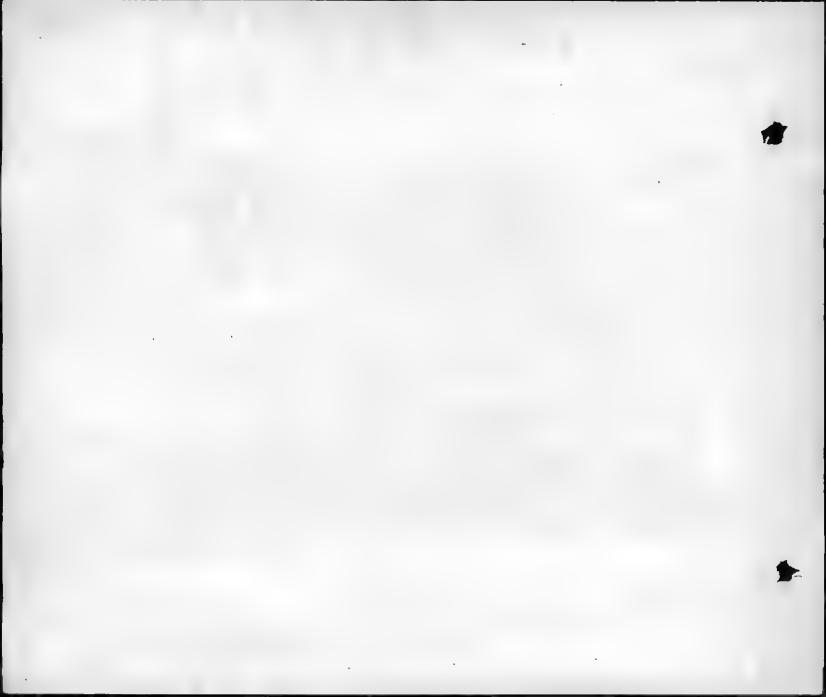
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13424

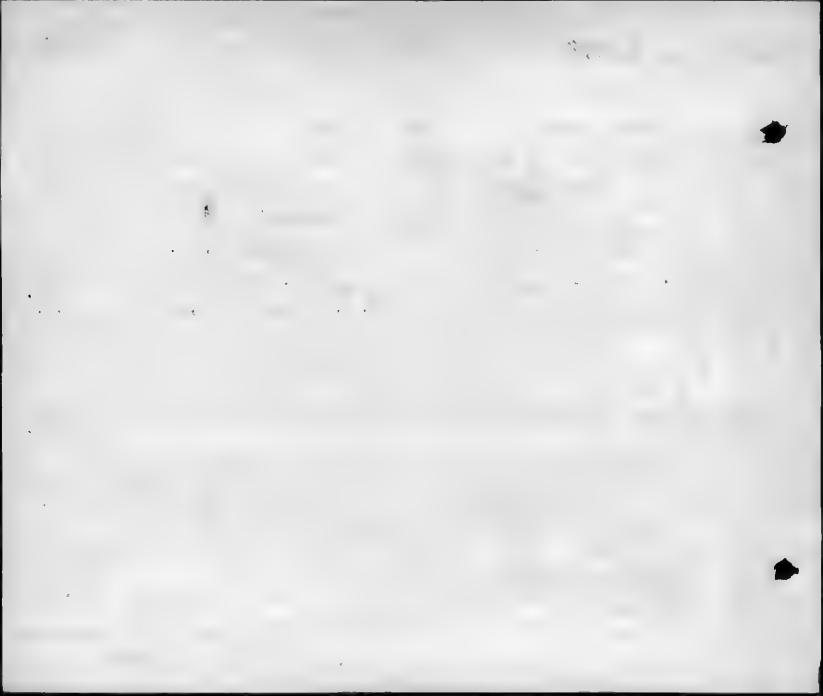
CERTIFICATE OF DEATH

13395 Reg. Dist. No.

Ī	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \)
	3 NAME OF DECEASED (Type or print) I de Stands.	bury 4. DATE Month Day Year OF DEATH 12 - 9 1960
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE Of BIRTH 9 AGE (In years If UNDER I YEAR IF UNDER 24 HRS lost birthday) 9 Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU duping most of working life, even if refired)	STRY 11, BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY?
	Joshua Malaria	Mattic Lackson
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Wicemstanding Brownson
	18 CAUSE OF DEATH [Enter only one cause per line for (0) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Deceare Distance ONSET AND DEATH
	Conditions, if any, which) (b)	chout 2 ye
	gove rise to immediate couse (a), stating the under-lying couse lost.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING ID CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of ilem 18.)
()	20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED for the p. m. 19 of work of work 19 of work 19	ACE OF INURY (Home, form, 20f (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram	accurred at
l	ACTUAL 6 TORRE	ADDRESS (Street, city or lown, store) DATE SIGNED M.D. 1.1.6
	PHYSICIAN'S ATALLEN	Convopoles and
4	270 BURIAL CREMATION 276. DATE THEREOF 220 NAME OF CEMETERY OF PREMOVAL (Specify) 12-13-1460 Same of CEMETERY OF COLD	ACCH 22d-LOCATION (City, town, or county) (Start)
	The superal director's signature Address Address Address	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DEC 1 9 60 Circling & H. MA



1		MARYLAND STATE DEPARTMENT OF HEALTH	
EUD CLITE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	1 2 2 (LC
TUK STATE	1-	13376 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10396
HEALIN DEFT	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institute of country of the country	utloni Residence before admission)
r. Page files. Health,	\ <u>.</u>	mm Arriol Maryland Same	3ame
itor.) [b. CITY OR TOWN (If outside corporate limits, write RU write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give neerest town)
= 5 0 0	-	Menton 2 Odenton	
go Soal		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
ned ned atte		-Annapolis Id. (Loom Tour)	YES NO TO
any any articles of the Str	3.	NAME OF DECEASED Last Daniel Last OF Month OF	Day Yeer
fer the		P. Seller	10 196
A A SE	3.	SEX 6. COLOR OR MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AC (In years IF U	NDER 1 YEAR IF UNDER 24 HRS,
Hours and Hours	10	LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete of preign cour y)	12. CITIZEN OF WHAT COUNTRY?
1, 2 1, 2 1, 2 3, 3 7, 2	do	to during most of working life, even if retired)	
	1,3	FATHER'S NAME Highland Township, Pa. Highland Township, Pa.	TOA
Z S S B Z	100		
EE B	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	11.0
± 2 2 = ₹	{Y-	ss, no, or unkown) (Ifyesgivewerordetesofservice)	Pa.
per lied		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL SETWEEN
xecu In I In I In I		PART I. DEATH WAS CAUSED BY,	ONSET AND DEATH
oncil a sic		IMMEDIATE CAUSE (e) Asplywiation by smoke	rew minute.
Figure 198			
A S O S O S O S O S O S O S O S O S O S		geve rise to immediate cause	
din		(e), steting the underlying Cause lest.	
Les Calles On,	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	
ord be matifi	Ĭ		YES NO DE
E Specific	CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)	
ER.	1 -	CALLES OF DEATH	20".
Para de la companya d	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 120c. PLACE OF INJURY (Home, form, 20f. (City or town) Hour e.m. 4-15 A.M. While Not While fectory, street, office bldg., etc.)	(County) (Stete)
E Se	M B	p.m. 12/10/19 et work of et work of an narolis l. Odenton	A.m. Cou ty.
S S S S S S S S S S S S S S S S S S S		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinion
Towarded to DIRECTO		death resulted from. Natural causes	er
the control of the co	2	CHIEF MEDICAL EXAMINER	
ted Use		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
executed be for NERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER (A)	
DEPUTY sease execute should be for FUNERAL its designate	22	NAME (Type) GIL TOVO TO FULL CITY TO Address (Street, city, lown, or county) Address (Street, city, lown, or county) 226. LOCATION (City, lown, or county) 226. LOCATION (City, lown, or county)	(State)
lease Ishou	1	REMOVAL (Specify)	
5 4 5 g	23	Burial 12/22/60 Fairfield Union Fairfield, Ada	IIS GO PA
VS. A15ME 5M 7/59		C. E. Wilson Emmitsburg, Md. DEC 23'60 Cully	S. France
, , , ,		C. E. Wilson	
		OP DP MITSON	



& w		1337 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	3397
should		1 PLACE OF DEATH O. COUNTY A. C. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before of STATE PRV AND b. COUNTY MARYLAND	odmusion)
Page hurtet		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neares food give neares fown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL ond give neares food give neares fown) REACH TOWN (If outside corporate limits, write RURAL ond give neares food give neares form)	st town)
irector. es.	17. 8	11 1/0= 1001	IS RESIDENCE ON A FARM?
neral d your fil		3. NAME OF DECEASED (Type or print) TO HW ROBERT STORMS 4. DATE Month Doy DECEASED (Type or print) TO HW ROBERT STORMS 29	Year 1960
to the fundament			UNDER 24 HRS.
ond 3 be retained		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) WASHING TON D.C. 12. CITIZEN OF W	HAT COUNTRY?
es 1, 2 Ill may	1-	13. ATPER'S NAME HAFRED W. STORMS MARGIE JACK	
Give Paga 3. Maga	(I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT HAFRED W. STORMS ## 2	2
n 18. cm P.M. permit		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	BETWEEN DEATH
in Iten wit fa transit	V	Conditions, if any, which) (b)	
n penci olang a burial		gove rise to immediate couse (a), stating the underlying couse lost. (c) (c)	
ding" i	()	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. V. P.	ERFORMED?
d pen ominer	W.s	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
the wardical Ex		20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) factory, street, office bldg., etc.)	(State)
writing h'ef Me OR: Pag		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, a death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause	nd find that
Sole, DIRECT	4	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	ATE SIGNED
the cer arded	emovol.	EXAMINER'S E-LINGBROOF DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D	29/60
for FU	5	BURIAL 12-36-60, HILLCREST HANAPOLIS	(Stgle) /D.
S. A15ME(5M 9/55)	5)	To Function's Signature ADDRESS ADDRESS Man REC'D BY REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIG	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

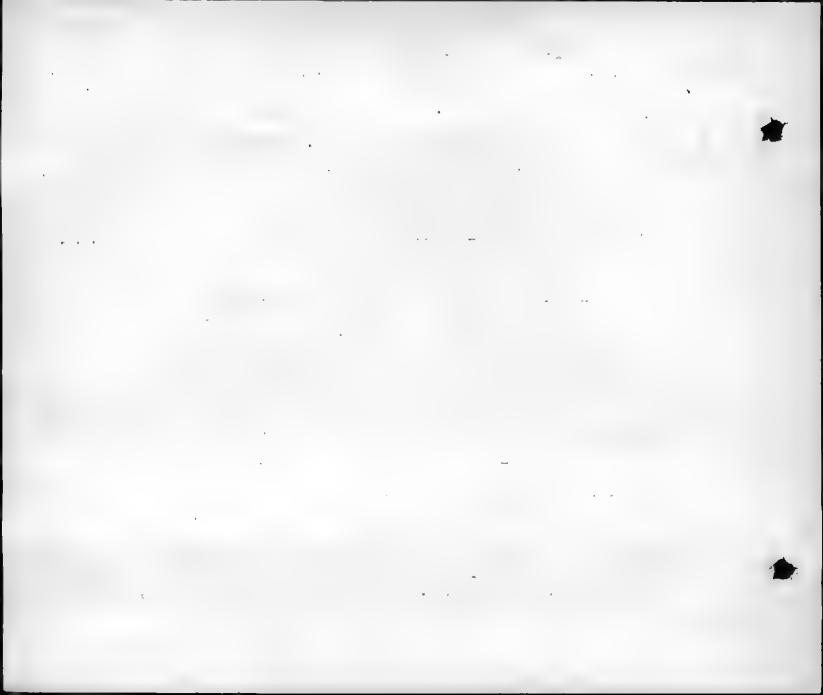


TO HOSPITAL OF

VR A15 (4) 15M 9/59

13398

L.												
	1. I	PLACE OF DEATH COUNTY Arunde	el		MARYLA		2. USUAL RESIDENCE (Who o. STATE Marylar		d lived If institution b, COUNTY			City
	1	b CITY OR TOWN (If out RURAL and give nearest	side carporote limi	ts, write			c. CITY OR TOWN (If or	ulside corpo	orate limits, write R	URAL and gi	ive nearest	(own)
		Crownsville	,		7 mos.15 da	ys	Baltimore	31	3		,	و
à	-	d NAME OF HOSPITAL (I		ive stree	et address)		d STREET ADDRESS					RESIDENCE N A FARM?
		Crownsville	State Ho	spi	tal		30 S. Regi	ster	Street			NO 📑
	3 [NAME OF	Fir	st	Middle		lost	4. DATE	Mon	th	Day	Year
		DECEASED (Type or print)	Jul	ia			Walters	OF DEATH	1	2	7	1960
	5 5	SEX 6.	COLOR OR RACE	7- MA	RRIED T NEVER MARRIED	□ (B.	DATE OF BIRTH		9 AGE (In years			NDER 24 HRS
		Female	Negro		WED DIVORCED	_	1888		last birthdoy) 72 yrs.	Months I	Doys Ho	urs Min.
	10a	USUAL OCCUPATION (Give kind of work	dane 10t	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State of	or foreign o	country)	12 CITIZ	EN OF WH.	AT COUNTRY
╮		Packing Hou	lite, even it retired ISC		-		Virginia				U.S.	A .
}	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
		Unknown					Unknown					
	15.	WAS DECEASED EVER IN	J 5 ARMED FOR	CES? 16	6, SOCIAL SECURITY NO.	17, 1NF	DRMANT		Add	ress		
	[Yes	s. ne Tor unknown} (If yes	, give war or dotes of s	ervice)	Unknown	I	Hospital Reco	ords				
		18 CAUSE OF DEATH	Enter only one co	use per	line far (a), (b), and (c).]				*			L BETWEEN
		PART I DEATH WAS CAUSED BY: Bronchopneumonia ONSET AND DEATH										
		401	DUE TO									
		Conditions, if any,										
		gove rise to imme	diote (
		cause (o), stating the s lying cause lost.	hudel-									
	Z) (c SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19, W	AS AUTOPSY
	CATIC				is Associate						PE	RFORMED?
	CERTIFICATION	20a. ACC, DENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING (1) CAUSE OF DEATH NCAL EXAMINER)	206. DE	ESCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in f	art I or Po	rt II af item 18)		•	
	MEDICAL	20c. TIME OF INJURY	Aonth, Day, Ye	er 20d.	INJURY OCCURRED 2	Je, PLAC	E OF INJURY (Home farm.	20F (Cir	y or town)	(C	ounty)	{Stote
	MED	Hour o.m	19	While at we	le Not while	TOCTO	ry, street, office bldg., etc.	'i				
		21. I certify that (I) (this haspital) atter	nded the deceased fr	am	pril 22		December			
		22a SIGNATURE	//i			au de	din decorred di	JVI; II QIII	me couses an	a on me	dale sia	22b DATE
			Alle	ul	u	M	D ATTENDING ME	D RECTOR TO	STAFF PHYS		12/	8/60 ^{NEE}
		22c PHYSICIAN'S NAME (Type)	L. Be	nedi	ict, M. D.		22d. ADDRESS Crownsville	Stat	e Hospita	al, Ma	rylan	d
	23a		236 DATE THEREC	F	30 NAME OF CEMET	RY-OR	CREMATORY	23d LOCA	TION (Gity, town,	or county)	A	(State)
	-	REMOVAL Specify)	12/16/6	0	Vy/ of mar	uli	nal	13	altime	Tre,	Mo	00
1	24	FUNERAL DIRECTOR'S SIG			ADDRESS	1)	25a. REC'I	BY REGIS		STRAR'S SIG		
)	1	1 delin	- Die	20)		DAEC 2	2 1 '60	anthu	4 8. Ku	A.M.	



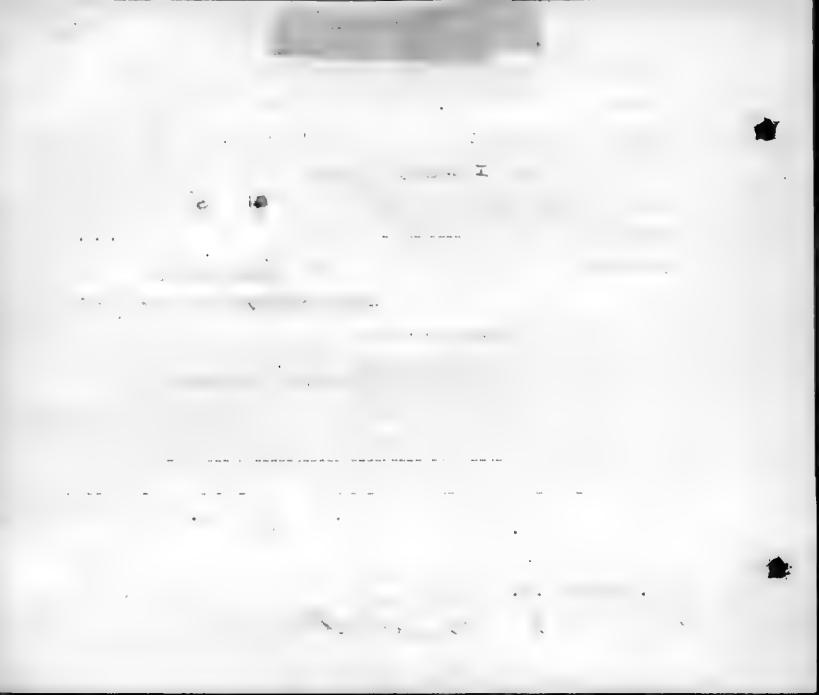
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y the hospital or attending physicion.

COR: After this certificate has been staned by the attending physician and campletely filled in by the funeral director.

VR A15 (4) 15M 9/59

4 ha	u. P	l an			
TO HOSPITAL CONTINUE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha	may be retain by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in	page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 an	the State Board of Health prior to burial, cremation, or remaral, and in any event, within 72 hours after death.		
W	erel	<u>ئ</u> ي	fter		
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lifica	hysic	Dave	it with	1	-
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S O	pid this	far u	ior k		
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LITER	moy be retained by the hospital or attending physicion. > FUNERAL DixCCIOR: After this certificate has been significant.	deto	H	1	
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TAL	ekair AL D	hould	Boog	1	
SPI	a R	3 8	State		
O H	D FC	pag	the		
F	F				

	13/96	CERTIFICA	TE OF DEATH		Togga
1.	PLACE OF DEATH o. COUNTING Arundel	MARYLAND	2. USUAL RESIDENCE (Who	b. COUNTY	an Residence before admiss on) Anne Arundel
	b CITY OR TOWN (If outside corporate limits, w RURACE OF WILLIAM)	1 mo. 28 days	c. CITY OR TOWN (If ou Annapol	itside corporate limits, write R	URAL and give nearest lown)
	d NAME OF HOSPITAL (if not in hospital, give: Crownsville State Hosp	street address)	122 O'Berry	Court	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Sadie	Isabella	Warfield	4. DATE Mon DEATH 1	
5	Famala Negro	MARRIED A NEVER MARRIED DIVORCED DIVORCED	April 12,191	9 AGE (In years grithday) yrs	Monihs Doys Hours Min
10	USUAL OCCUPATION (Give kind of work dane Housewift working life, even if relired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Maryland	r foreign countr	12 CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME Henry Moore		Laura 3	ad worl	
	WAS DECEASED EVER IN U. S. ARMED FORCES: as. no. To nown! (If yes, give wor or dates of service		Hospital Rego		oberect.
7	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.	Pneumonia Hyposta Old Cerebral Vasca Hypertensive Arter Disease	ular Accident riosclerotic C		ONSET AND DEATH
FICATION	PART II OTHER SIGNIFICANT CONDITI				PERFORMED? YES NO
L CERTII	20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in P	ort I or Port II of item 18,)	
MEDICAL	Haur a. m.		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)		(County) (Stote)
	21 I certify that (I) (this haspital) a saw the deceased alive an Dec. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Expe) Le Benedict, M. D.	19 and that of	death accurred at ATTENDING APPLYS ALE PHYS APPLYS Crownsvill	D STAFF DECTOR D PHYS D	
23		30 Brewer	Hell	23d LOCATION (City, town,	Md
24	FUNERAL DIRECTOR'S SIGNATURE ROE	se and To	4	3EC 1 0 100	STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13400

	13371	CERTIFICA	IE OF DEATE	1		
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary	There deceased lived if instruction b. COUN	NTY .	fore admission) Arundel
RURAL and give i		c LENGTH OF STAY IN 16	Total Control	outside corporate limits, writ	ts RURAL and give n	learest town)
OR INSTITUTION	ITAL (If not in hospitol, give street or undel General Hos		d. STREET ADDRESS	ucker Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First H ilda	Middle	White	OF	onth secondar	24. 19 60
Female	6 COLOR OR RACE 7. MARRIE	DIVORCED	B DATE OF BIRTH		yrs.	
digting most of wa	ION "Give kind of work done 10b. K rking life, even if retired)	Tome	13 CLL	e or foreign country) MAME NAME	f. 27.	S H.
Trem 15. WAS DECEASED EV	er in une, armed forces? [16, si	vardt OCIAL SECURITY NO. 17.#	Mels	noron	Address	
(Yes, no, or unknown)	(If yes, give wor or dotes of service)	. 4	retur R.	While	(2)
	Immediate DUE TO	REBRAL I	HEMORKH 510N	HOF	Oi a	ITERVAL BETWEEN NSET AND DEATH Y DAYS NKEYOWI
OT CATI	THER SIGNIFICANT CONDITIONS CO					19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 206 DESCI	RIBE HOW INJURY OCCURRE	O (Enter noture of injury in	Port Lor Port II of Item 18.)) 	
ZOC. TIME OF INJU		Nat while for	ACE OF INJURY (Home, for story, street, office bldg., e	rm, 20f. (City or town) tc.)	(Count	y) (Stote)
saw the deced	at (1) (this lamit ol) attendensed alive an December	ed the deceased fram 249 60, and that a	eath accurred at	M, from the causes		that (I) (we) last te stated above
220 SYNNOWE 22C PHYSICIAN'S	ward S.	Beeles	M D. PHYS	MED. STAFF PHYS.		226. DATE SIGNED
NAME (Type)	or. Edward S. Bec		Frankl	in Street		olis, Md.
SEMOVAL (Specify	Wee 28-1960	Cimapoli	National	23d LOGATION (City, tow	polis	me
golm M.	Tay The Survey	Somafaelis	ma 250. RE	MED 2 8 'RO I	EGISTRAR'S SIGNAT Chthur 9 4-	

ATTENDING PHYSICIAN: The law equires that the Teath mertificate be executed within 24 Tours after death. Page 4... TO HOSPITAL OX-ATTENDING PHYSICIAN: The law requires that the Teath metrificate be executed within 24 Taurs may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove corban popers Pages 1 and 2 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

typeral director, old-be-filed with

VR A15 (4) 15M 9/59



HEALTH DEPT

TO DEPUT.

CDITAL EXAMINER: This marificate should be executed within 24 hours after death. If any deferencessary, please executed the cartificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the fune, the corresponding to the chief Medical Examiner's Office along with form PM3. Page 5 may be retained not your files.

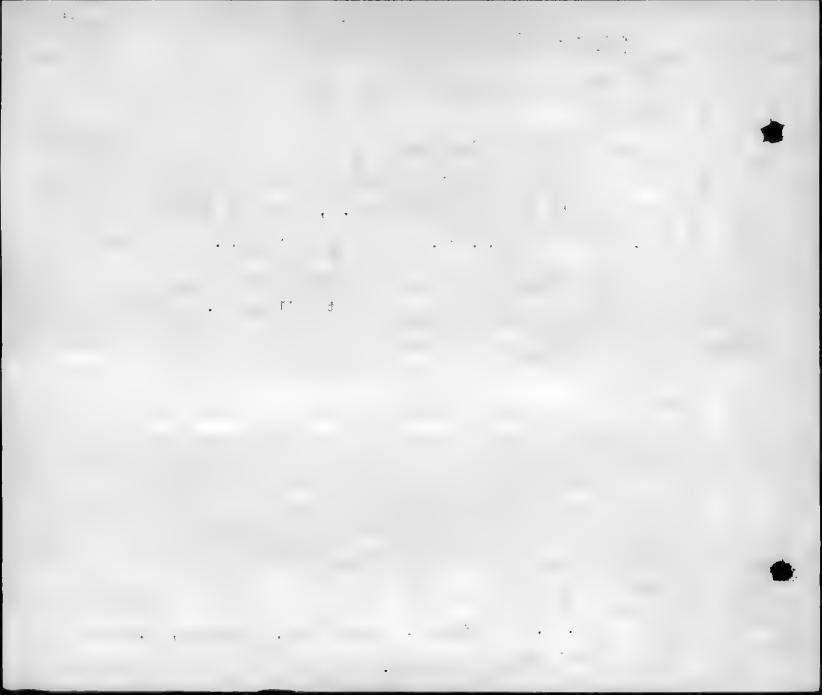
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death.

YS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 13401 13379MEDICAL EXAMINER'S CERTIFICATE OF DEATH

. ·	1. PLACE OF DEATH	2. USURL RESIDENCE (Where decessed lived, If institution: Residence before admission)					
1	Anne Arundel Manyland	* STATE Maryland b. COUNTINE Arundel					
1	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (if outside corporate I m ts, write RURAL end give neerest town) Mayo					
T	d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, g ve street address)	d. STREET ADDRESS					
1	DOA Anne Arundel General Hospital	Box 48					
	3. NAME OF First Middle	Lasi 4. DATE Month Day Year					
	(Type of print) Gladys Barrow W	VILLIAMS December 20 1960					
	THE TOTAL PROPERTY OF THE PROP	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey Months Days Hours Min					
		ov. 8, 1899 61 yrs. 1899					
	done during most of working life, even if retired)	11. BIRTHPLACE (State or fore-gn country) 12. CITIZEN OF WHAT COUNTRY?					
	Ret. Clerk U.S. Gov.	Washington, D.C. USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
-	Alfred Barrow	Alma Harding					
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyesgive war or dates of service)	**					
X		ober I Williams Jr. same as # 2					
y	18. CAUSE OF DEATH [Enfer only one cause per line (gr (a), (b), and (c)., PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH					
1	IMMEDIATE CAUSE (o) CALCULA	- Julden					
	DUE TO Parkerson Pursuane						
	gave rise to immediate cause (b)						
	(e), stating the underlying DUE TO						
	The second secon						
		PERFORMED?					
		nter neture of injury in Pert I or Pert It of ilem 18.)					
	5-1-	CE OF INJURY (Home, farm, 20f, (City or town) (County) (State)					
	Hour e.m. While Not While tector p.m. 19 st work at work	ny, sieur, once blog., etc.)					
	21. I certify that I took charge of the remains described above, hel	d an Autopsy Inspection Inquiry and in my opinion					
-1	death resulted from: Natural courses . Accident . Suicident .	de					
	6 1 1	CHIEF MEDICAL EXAMINER					
ij	SIGNATURE O NUMBER	M.D. ASSISTANT MEDICAL EXAMINER					
2	EXAMINER'S	DEPUTY MEDICAL EXAMINER					
	PAME (Type) 128. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)					
1	REMOVAL (Specify)						
-	Burial Dec. 23,1960 Arhington, Natj	Long 1 Come t Arlington Ve					
I flooming Fuhava v v Z							
<u> </u> _	nopping Funeral Home Annapolis, Ma	DATE CLUE OU Orthog & King					



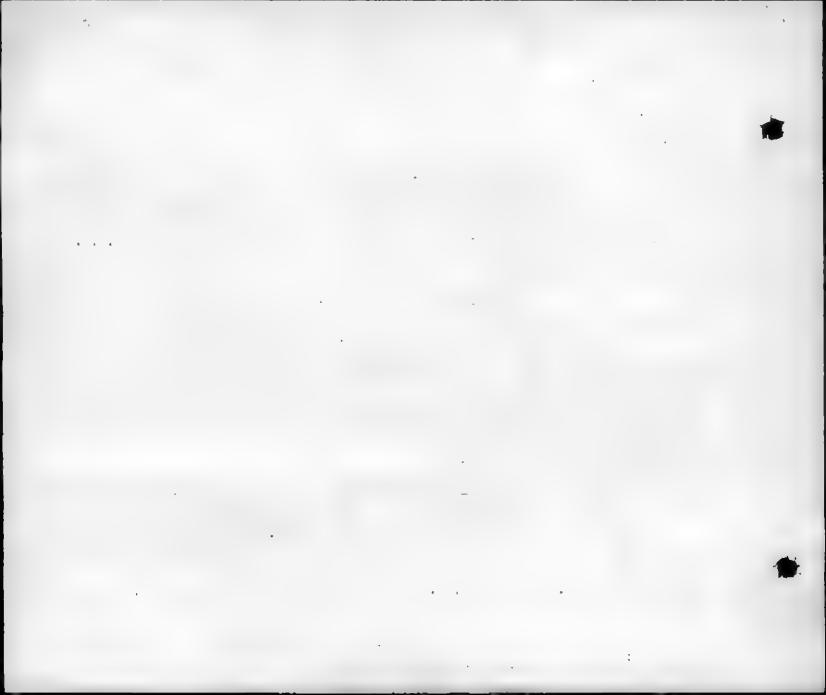
ITENDING PHYSICIAN: The law requires that the death certificate be executed within 114 hours after 11 age 4

	1. PLACE OF DEATH o. COUNTY Anne Arundel				MAI	RYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Waryland Baltimore City						ssion)	
à.	ŀ				c. LENGTH OF STA	Y IN 16	c. CITY OR TOW	VN (If ou	ulside corpor	ote limits, w	rite RU	RAL and give	nearest to	wn)
					6 days	3	Baltim	ore			-	1 "		-
	-	OR INSTITUTION	'AL (If not in hospital, g	give street	oddress)		d STREET ADDR	RESS						SIDENCE A FARM?
			lle State B	lospi	tal		3706 C	lift	on Av	enue				J NO X
		NAME OF DECEASED	Ei		Midd		Lost		4. DATE OF		Month		Day	Year
		Type or print)		bert			Williamson		DEATH		12		2	1960
	5 5	EX	6 COLOR OR RACE	7. MAR	RIED NEVER MAR	RIED X	B. DATE OF BIRTH			9. AGE (In y		Months Do		
		Male	Negro	WIDOW	ED DIVOR	CED 🗀	April, 1	935	}	25	yrs	MOITING DE	ys Hour	i Min.
	10a	USJAL OCCUPATIO	ON (Give kind of work	dore 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE	(Stole o	or foreign co	untry)		12 CITIZE	OF WHAT	COUNTRY?
~		during most of working life, even if retired) Unknown Mary						ylar	nd			U	S.A.	
I	13	FATHER'S NAME					14. MOTHER'S MA	IDEN N	AME					
		Hezekiah Williamson Eloise White												
_			R IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. II	IFORMANT				Addre	ss		
	fimi	No	(If yes give wor or dates of I	2	20-30-3617	7	Hospital :	Reco	rds					
		18. CAUSE OF DEA	ATH Enter only one co	use per li	ine for (a), (b), and (c)]							INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY Bronchoppelimon's											ONSET AN	D DEATH	
		300. 7 DUE TO												
		gove rise to immediate									_			
İ		couse (a), stating the under DUE TO Lying couse lost.												
	z		J (c 1ER SIGNIFICANT CON	·	CONTRIBUTING TO F	FATH RUT	NOT RELATED TO THE	E TERMIN	NAL DISEASI	CONDITION	N GIVE	N IN PART 1	0. 19 WAS	SAUTOPSY
4	CERTIFICATION												PERF	ORMED?
-4		OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	SCRIBE HOW INJURY	OCCURRE	D (Enter noture of inj	jury in P	ort or Port	II of item 11	3}			
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work												
		21 I certify that (I) (this hospital) attended the deceased from 11/26 21/2 1960, that (I) (we) los												
		saw the deceased alive on 12/21960, and that death occurred at P.M. from the couses and on the date stated above												
		220. SIGNATURE	///	100	2									22b. DATE
			1 /Well	del	la !		M D PHYS] ME	D. ECTOR	STAFF PHYS			12/	3/60
		22c. PHYSICIAN'S NAME (Type)	/-	_)		22d ADDRESS							-
		restric (Type)	L. Ber	redic	t, M. D.		Crown	svil	le_St	ate Ho	spi	tal. N	laryla	nd
	230	BURIAL, CREMATIC		OF.	23c NAME OF CE	METERY O		_		ION (City, to				ote)
		REMOVAL [Spec fy)	12-7-	60	Mt, C	1/19	ry Cem	,	A.A.	Con			/	Md.
	24	FUNERAL DIRECTOR	S SIGNATURE	ad #	ADDRESS 'C	1-12 A			BY REGIST			RAR'S SIGN		
	1	falohy 1	VI WICHOSO	14		Su	China DA	DEC	7 '60		-UNA	mg L. Tu	and the	

Fary 12/62 5

VR A1S (4) 1SM 9/59

TO HOSPITAL



VR ATS (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH OLIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13404

1.	PLACE OF DEATH CONTY A PA CO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY A A . Co
	b. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM? YES \[\begin{array}{c} \text{VES} \\ \text{VES} \\ \text{NO} \end{array}
	NAME OF DECEASED (Type or print) PROPERTY ANIGHT MANUAL STATE OF DEATH 12 15 Day (13) .
5, 3	6. COXOR ORACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH OF BIRTH WIDOWED DIVORCED 1 4/22/ 1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Month's Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IS of the or foreign country) Way he shows a substitution of working life, even i retired) Penna 12. CITIZEN OF WHAT COUNTRY?
13.	Parab Wooding Elizabeth Calemer
	WAS DECEASED EVER IN U. S. ARMED FORCES? In GOCIAL SECURITY NO. 17, INFORMANT None Mrs. Grace Norris 131 Hazel Ave. Balto.27
	18. CAUSE OF DEATH [Enter only one rouse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE AND DOE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.
CATION	PART II. OF STATE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d MJURY OCCURRED Hour o.l.m. p. m. 19 of work
	21 1 certify that (I) (this hospital) attended the deceased fram (I) (we) last saw the deceased alive on (I) (II) (We) last and that death accurred (II) (III) (We) last saw the deceased alive on (III) (IIII) (III) (I
	220 SIGNATURE ATTENDING MED. DIRECTOR STAFF SIGNED
4	PARENTY EPH / IPSKEY 22d. ADDRÉSS DE TON MA
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole)
24.	FUNERAL DIRECTOR'S SIGNATURE Walter y Drove Waynesboro Penna DATDEC 16'60 Author & Kinner

